Competency Tracking Form

Participant: Cliff Vinje

Annual Service Span: March 24 - March 25

Annual Meeting Date:_____ **Date Assigned to Lead:**_____

Competency Quiz Due for all Staff: 8/29/24

Documents Reviewed: Support Plan Addendum, IAPP, SMA, and a One-Page Profile.

*Your initials below indicate you have reviewed and understand all assigned documents and have completed a competency quiz on the individual. This document is to be done in conjunction with on-site instruction on how to implement the reviewed plans and your demonstration of the understanding of the person as a unique individual.

Date Completed	Initials	Full Name
8/28/24	JM	Jaime Meyer
8/28	JG	John Gebhardt
8/28/24	IL	Ilene Lubick
8/29/24	LO	Lateeph Onikoro
8/28/24	JJ	Julie Johnson
8/28	CS	Cindi Stucky
8/29	DM	Dennis Moua
8/28/24	BM	Brian Mattox
8/28/24	DT	Dave Turner
8/28/24	RS	Renee Schmidt
8-29-24	NS	Nancy Snyder
8/28/24	KS	Dolly Stein
08/28/2024	EZ	Elena Zadow
8/28/24	AZ	Allison Zadach

Date Completed	Initials	Full Name
8/28/24	JB	Julia Baker
8/28/24	RH	Rosaleigh Halverson
8/28/24	PV	Pa Vang
8-24-24	DR	Darlene Rice
8/28/24	KM	Krista Mischnick
8/28/24	LB	Lisa Bailey
		Josh Snodie
		Carla Sykes

Date Uploaded to LMS: _____

Staff: Jaime Meyer
Date: 8/28/24

Service Recipient: Cliff Vinje
Service Span: 3/24-3/25

Is this person able to self-manage according to the **IAPP, SMA & Support Plan Addendum** – check yes or no below

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: follow protocol
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: bite size - slow down
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: herpes - fluid blisters on lips & nose Lock jaw & signs of infection - Report to home DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports:
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Remove obstacles, reminders to slow down, check for bruises
Community Support: ☒ No ☐ Yes	Describe Supports: ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: sensitive to some clothing - Remind to keep clothes on
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: yell, hit, throw, bite hand, spit - unmet needs Ask questions to determine what he needs
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:

Important to: freedom to move, being included

Important for: choices, participate, support independence

Likes: movies, tv, outings, peers, bowling

Dislikes: will push away, walk away or push staff hand away

Communication Style: vocalize, reaching, facial expressions

Learning Style: Clear communication

Lead Review Completed: _____

Staff: John Gebhardt
Date: 8/28/24

Service Recipient: Clifton Vinje
Service Span: March '24 - March '25

Is this person able to self-manage according to the ES IAPP, SMA & Support Plan Addendum – check yes or no below

Employment Services Phase:		
Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports:	Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Follow protocol	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Bite sizes, remind to slow down	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Herpes Diagnosis- watch for blisters & signs of Infection.	DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports:	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Assist in bathroom, remind to wash hands	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Remove obsicles,	
Community Support: ☒ No ☐ Yes	Describe Supports:	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: sensitive to some clothing discomfort,	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: could yell, hit, spit, or bite hand if upset,	
Unsupervised time while at PAI or in the community? ☒ (No) ☐ Yes		
Important to: Freedom to move in his physical environment Being included.		
Important for: Participation and supporting him.		
Likes: Movies, TV, outings, bowling, press, wrestling		
Dislikes: He will push items away that he does not like.		
Communication Style: Vocals, pointing, gesture, facial expression		
Learning Style: Picture symbols, picture book,		

Lead Review Completed: _____

Staff: Ilene M Lubick
Date: 8/28/24

PAI

Service Recipient: Cliff Vinje
Service Span: march 2024-2025

Is this person able to self-manage according to the ES IAPP, SMA & Support Plan Addendum – check yes or no below

Employment Services Phase:

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports:	Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Follow protocol	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Bike size, verbal remind to slowdown	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Herpes Diagnis - watch for fluid filled blisters watch for infection	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports:	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports:	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Remove obstacles, slow down, check for bruises	
Community Support: ☒ No ☐ Yes	Describe Supports:	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Sensitive to some clothing, remind to keep clothes on.	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: may use picture symbols? May yell, spit, throw, bites hands w/unmet needs	

Unsupervised time while at PAI or in the community? ☒ No ☐ Yes

Important to: Freedom to move around, Being included

Important for: To be give choices, encouragement to participate, Independence

Likes: movies, tv, outings, peers, bowling

Dislikes: Pushes it away if he doesn't like or want something

Communication Style: Vocalizations, reaching for things, facial expressions

Learning Style: Clear communication

Lead Review Completed: _____

Staff: Lateeph Onikoro

Date: 8/28/2024

Service Recipient: ~~vinfe~~ Cliff V.

Service Span: March 24 - March 24

Is this person able to self-manage according to the ES IAPP, SMA & Support Plan Addendum – check yes or no below

Employment Services Phase:

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports:	Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: follow Protocol	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Bite ~~Specialized~~ Diet	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Watch lock jaw and signs of Infection	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: ~~Herpes~~	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: He is Independent	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Remove Obstacle, reminder to slow down check for bruises	
Community Support: ☒ No ☐ Yes	Describe Supports:	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Sensitive to Some clothing/materials	reminder to keep cloths On
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Yell, hit and Throw and bit hand. Usually on transmet-	

Unsupervised time while at PAI or in the community? ☒ No ☐ Yes

Important to: & Important to move around in his physical Environment

Important for: choices, Encouragment to Participat and support Independence

Likes: Movies, Bowling, TV

Dislikes: push unlike stuff away.

Communication Style: Vocalization, reaching for things

Learning Style: clear Communication

Lead Review Completed: _____

Staff: Julie Johnson
Date: 8/28/24

PAI

Service Recipient: Cliff Vinge
Service Span: 3/2024 - 3/2025

Is this person able to self-manage according to the ES IAPP, SMA & Support Plan Addendum – check yes or no below

Employment Services Phase:

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports:	Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: follow protocol	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: bite sized pieces verbal reminders to slow down	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: ~~bite sized~~ verbal reminders to slow down	DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: herpes diagnosis - blisters water for lock jaw	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: Independent verbal reminders	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: verbal reminders to slowdown	
Community Support: ☒ No ☐ Yes	Describe Supports:	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Sensitive to some clothing staff reminders to keep his clothes on	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: yell, hit, throw, bite hand, spitting with unmet needs staff may ask or use picture symbols	

Unsupervised time while at PAI or in the community? ☒ No ☐ Yes

Important to: Freedom to move around physical environment
Desires to be included

Important for: To be given choices, encourage to participate
encourage independence

Likes: movies, TV, outings, peers, bowling
wrestling

Dislikes: he will push away, walk away, when he does not like something

Communication Style: vocalizations, reaching for things

Learning Style: clear communication

Lead Review Completed: _____

Staff: Stacy | PAI | Service Recipient: Cliff Vinje

Date: 8/28/24 | Service Span: Mar 24 - 25

Is this person able to self-manage according to the **IAPP, SMA & Support Plan Addendum** – check yes or no below

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Follow protocol - request from the home today
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Bite size, verbal reminders to slow down
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Herpes - lips + nose (fluid filled) lock jaw - signs of infection DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports:
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: remove obstacles
Community Support: ☒ No ☐ Yes	Describe Supports: ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Sensitive to some clothing reminders to keep clothes on.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: yell, hit, throw + bit hand w/ unmet needs. Spitting
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:

Important to: freedom to move around, included

Important for: choices, encouragement to participate

Likes: movies - tv - outings - peers

Dislikes: walk or push away what he dont like

Communication Style: Vocalization, facial, reaching for things

Learning Style: Clear communication

Lead Review Completed: _____

Staff: Brian Mattox

Date: 9/26/24

PAI

Service Recipient: Clint V

Service Span: March 24 - March 25

Is this person able to self-manage according to the **IAPP, SMA & Support Plan Addendum** – check yes or no below

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Follow Protocol
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Bite-sized diet- verbal reminders to slow down
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Helps diagnosis - watch for fluid filled blisters around lip and nose Notify home watch for lock jaw and signs of infection - report home DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports:
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Remove obstacles, reminders to slow down, check for bruises if runs into things or falls
Community Support: ☒ No ☐ Yes	Describe Supports: ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Sensitive to some clothing/materials - reminders to keep clothes on
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Setting Yell, hit, threw and bite hand - usually an unmet needs staff may use verbal questioning to determine what clint may be trying to say or use Picture Symbols that represent his preferred items
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:

Important to: Having Freedom to move around his physical environment, enjoys being included in activities and engagement with peers and staff

Important for: Given Choices, encouraged to Participate and Support independence while protecting for safety

Likes: movies, Tv outings hanging with Peers bowling

Dislikes: He will let you know by Pushing away walking away from task or Pushing staff

Communication Style: Vocalizations reaching for things Facial expressions

Learning Style: Efficient care and clear communication from class staff that knew him well

Lead Review Completed: _____

Staff: Dyn Tim

Date: 8/28/24

Service Recipient: Cliff Vinje

Service Span: March 24 – March 25

Is this person able to self-manage according to the **IAPP, SMA & Support Plan Addendum** – check yes or no below

Allergies: ■ No ☐ Yes ☐N/A	List & Describe Supports: Medication Allergies? ☐ No ■ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ■ No ☐ Yes ☐ N/A	Describe Supports: Follow protocol – requested from the home today
Choking/ Specialized Diet: ■ No ☐ Yes	Describe Supports: Bite-sized diet – verbal reminders to slow down
Chronic Medical Conditions: ■ No ☐ Yes ☐ N/A	List & Describe Supports: DNR/DNI? ■ No ☐ Yes *Located in main file, share with EMT in emergency* Herpes diagnosis – watch for fluid filled blisters around the lips and nose. - Notify home Watch for lock jaw and signs of infection – report to home
Medication: ■ No ☐ Yes	Describe Supports: Daily medication at PAI? ■ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ■ Yes	Describe Supports:
Mobility/Fall Risk: ■ No ☐ Yes	Describe Supports: Remove obstacles, reminders to slow down, check for bruises if runs into things or falls
Community Support: ■ No ☐ Yes	Describe Supports: ■ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ■ No ☐ Yes ☐ N/A	List & Describe Supports: Sensitive to some clothing/materials – reminders to keep clothes on
Behavior Support: ■ No ☐ Yes	List & Describe Supports: Yell, hit, throw, and bit hand – usually an unmet need. Staff may ask verbal questions to determine what Clifton may be trying to say or use picture symbols that represent his preferred items/activities.
Unsupervised time while at PAI? ■ No ☐ Yes	

Lead Review Completed: _____

Staff: ReneSchmidt
Date: 8/28/24

PAI

Service Recipient: Cliff Vinje
Service Span: March 24-25

Is this person able to self-manage according to the ES IAPP, SMA & Support Plan Addendum – check yes or no below

Employment Services Phase:

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: follow Protocol
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Bite Size diet - verbal reminders to slowdown
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Herpes diagnosis - watch for fluid filled Blisters around lips & Nose watch for signs of lockjaw report to nurse DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: verbal reminders
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Remove obstacles, reminders to slow down Check for bruises if runs into things and falls
Community Support: ☒ No ☐ Yes	Describe Supports: ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Sensitive to some clothing/materials reminders to keep clothes on.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: spitting yell, hit, throw, and bits hands - usually an unmet need ask questions to determine what Clif may be try to say or use pic symbols
Unsupervised time while at PAI or in the community? ☒ No ☐ Yes	
Important to: freedom to move around, included in activities and engage with peers & staff.	
Important for: given choices, encouraged to participate support independence	
Likes: movies, TV, outings hanging out with peers Bowling Wrestling	
Dislikes: When he doesnt like something - push away walk away or push staffs hand away	
Communication Style: Vocalizations reaching for things facial expression	
Learning Style: Clear communication from calm staff	

Lead Review Completed: _____

Staff: Dolly Stein
Date: 8/28/24

Service Recipient: Cliff Vinje
Service Span: March 2024 - March 2025

Is this person able to self-manage according to the ES IAPP, SMA & Support Plan Addendum – check yes or no below

Employment Services Phase:		
Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports:	Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Follow protocol	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Bite sized pieces - verbal reminders to slow down	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Herpes diagnosis - watch for fluid filled blisters around lips and nose & notify home. watch for lock jaw & signs of infection	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports:	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports:	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Remove obstacles, reminders to slow down, check for bruises if runs into things or falls	
Community Support: ☒ No ☐ Yes	Describe Supports:	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Sensitive to some clothing/materials - reminders to keep clothes on.	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Yell, hit, throw, bites hands w/ unmet needs staff use pic symbols & questions to communicate	
Unsupervised time while at PAI or in the community? ☒ No ☐ Yes		
Important to: freedom to move around environment, being included		
Important for: Choices, encouragement to participate, independence		
Likes: Movies, TV, outings, peers, bowling, wrestling		
Dislikes: He'll push it away, walk away if he doesn't like something		
Communication Style: Vocalizations, reaching, facial expression		
Learning Style: Clear communication		

Lead Review Completed: _____

Staff: Elena Zadow
Date: 08/28/2024

Service Recipient: Cliff Vinge
Service Span: March 24-25

Is this person able to self-manage according to the ES IAPP, SMA & Support Plan Addendum – check yes or no below

Employment Services Phase:		
Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: TB ▷	Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Follow protocol	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Bite size - slow down reminders	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Herpes (blisters) Lock Jaw (infections)	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: N/A	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: IND	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Remove obstacles - (slow down)	
Community Support: ☒ No ☐ Yes	Describe Supports: Assist	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Sensitive to clothes (remind to keep clothes on)	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: yell, hit, bite, (Ask questions/pictures to determine needs) spit	
Unsupervised time while at PAI or in the community? ☒ No ☐ Yes		
Important to: Moving, being included		
Important for: Choices, encouragement (participation), IND		
Likes: Movies, TV, outings, peers, bowling		
Dislikes: Pushing away communication (NV)		
Communication Style: Vocal, facial, reaching		
Learning Style: Clear communication		

Lead Review Completed: _____

Staff: Allison Zadach

Date: 8/28/24

PAI

Service Recipient: Cliff Vinje

Service Span: March 2024 - March 2025

Is this person able to self-manage according to the ES IAPP, SMA & Support Plan Addendum – check yes or no below

Employment Services Phase:

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports:	Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: follow protocol	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Bite size pieces, verbal reminders	
Chronic Medical Conditions: ☐ No ☐ Yes ☒ N/A	List & Describe Supports: Herpe diagnosis, fluid filled blisters, signs of infection watch for lock jaw	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports:	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: independent, verbal reminders	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Remove obstacles, slow down, Check for bruises	
Community Support: ☒ No ☐ Yes	Describe Supports:	☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Sensitive to some clothing, staff remind to keep clothes on	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: yell, hit, throw, spit (bites hand with unmet needs)	

Unsupervised time while at PAI or in the community? ☒ No ☐ Yes Staff will ask questions & use picture symbols

Important to: enjoys being included, freedom to move around physical env't

Important for: Support independence, be given choices, encouragement to participate

Likes: movies, TV, peers, wrestling

Dislikes: will push it away or staff's hand away

Communication Style: vocalizations, reaching for things,

Learning Style: clear communication

Lead Review Completed: _____

Staff: Julia Baker
Date: 8/26/24

PAI

Service Recipient: Cliff V
Service Span: March '24 - March '25

Is this person able to self-manage according to the ES IAPP, SMA & Support Plan Addendum – check yes or no below

Employment Services Phase:	
Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: follow protocol - requested from home @ time of meeting
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: bite-sized diet - verbal reminders to slow down
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: herpes diagnosis - watch for fluid filled blisters around lips and nose watch for bruises and signs of infection. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: Independent -- may need verbal reminders to go
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: remove obstacles, reminders to slow down check for bruises and scratches
Community Support: ☒ No ☐ Yes	Describe Supports: ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: sensitive to some clothing / staff reminders to leave clothes on
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: yell, hit, maw, and bite hand - usually an unmet need - may need picture symbols to represent preferred items & activities
Unsupervised time while at PAI or in the community? ☒ No ☐ Yes	
Important to: freedom to move around physical environment. Cliff enjoys being included as much as possible.	
Important for: giving choices, participation, inclusion, and independence.	
Likes: Movies, TV, swings, pets, bowling, wrestling	
Dislikes: When Cliff doesn't like something, he will get away from peer, item, staff, or activity	
Communication Style: vocalizations, reading for items, facial expressions	
Learning Style: Clear communication	

Lead Review Completed: _____

Staff: Rosaleigh Halvorson
Date: 8/28/24

Service Recipient: Clif Vinje
Service Span: March 2024-25

Is this person able to self-manage according to the **ES IAPP, SMA & Support Plan Addendum** – check yes or no below

Employment Services Phase:		
Allergies: ☑ No ☐ Yes ☐ N/A	List & Describe Supports:	Medication Allergies? ☐ No ☑ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☑ No ☐ Yes ☐ N/A	Describe Supports: follow protocol	
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: bite sized, verbal reminders to slow down	
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: herpes - watch for fluid blisters around lips/nose watch for lock jaw/ signs of infection	DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports:	Daily medication at PAI? ☑ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☑ Yes	Describe Supports:	
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: remove obstacles, reminders to slow down check for bruises	
Community Support: ☑ No ☐ Yes	Describe Supports:	☑ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: sensitive to some clothing, staff reminders to keep clothes on	
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: yell, hit, throw, bite hand with unmet needs staff ask verbal questions to determine what he may be trying to say, picture symbols	
Unsupervised time while at PAI or in the community? ☑ No ☐ Yes		
Important to: freedom to move around physical environment, being included		
Important for: choices, encouragement to participate support independence		
Likes: movies, TV, outings, peers		
Dislikes: pushes/walks away it doesn't like something.		
Communication Style: vocalizations, reaching for things, facial expressions		
Learning Style: clear communication		

Lead Review Completed: _____

Staff: Paig vang

Date: 8/28/24

PAI

Service Recipient: Cliff Yingi

Service Span: Mar 24 - 25

Is this person able to self-manage according to the **IAPP, SMA & Support Plan Addendum** – check yes or no below

Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Follow protcool – request from the home today
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Bited-sized, verbal reminders to slow down
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Herpes diagnos – watch for fluid filled around lips and nose. – notify home, watch for lock jaw and DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: Inden Pend
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: remove obstacles, reminders ~~dog~~ to slow down, reminder to keep clothes on
Community Support: ☒ No ☐ Yes	Describe Supports: ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: sentive to some clothes/materials, reminder to keep clothes on
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Yelling, hitting, throw, spitting, bites hands when needs aren't meet, may to say/use picture symbols
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:
Important to: To have freedom	
Important for: choices, encouragement to participate, support independence	
Likes: movies, TV, outings, peers, bowling, wrestling	
Dislikes: Doesn't like – push it away, facial expression	
Communication Style: vocalizations, reaching for things, and facial expression	
Learning Style: Clear communication	

Lead Review Completed: _____

Staff: DARLENE RICE
Date: 8-28-24

PAI

Service Recipient: Cliff Vinge
Service Span: 3-24-3-25

Is this person able to self-manage according to the ES IAPP, SMA & Support Plan Addendum – check yes or no below

Employment Services Phase:		
Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports:	Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Follow Protocol	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Bite sized - Reminders	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: HERPES - Watch For Blister on Lips Lock Jaw	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports:	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports:	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Reminders to slow down Check For Bruises	
Community Support: ☒ No ☐ Yes	Describe Supports:	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Sensitive some clothing / Keep clothes on	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: yell - hit - throw - Spit - Bite hand	

Unsupervised time while at PAI or in the community? ☒ No ☐ Yes

Important to: Freedom - included

Important for: Choices - Independence

Likes: Movies - outing - peers

Dislikes: May push object away or staff

Communication Style: Vocal - Facial expression

Learning Style: Clear communication

Lead Review Completed: _____

Staff: Krista.M

Date: 8/28/24

PAI

Service Recipient: Cliff.V

Service Span: March 24 – March 25

Is this person able to self-manage according to the ES IAPP, SMA & Support Plan Addendum – check yes or no below

Employment Services Phase:		
Allergies: ☑ No ☐ Yes ☐ N/A	List & Describe Supports:	Medication Allergies? ☐ No ☑ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☑ No ☐ Yes ☐ N/A	Describe Supports: Follow protocol	
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: Bite size diet. slow down reminders	
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Herpe diagosis lock jaw watch for infection	DNR/DNI? ☐ No ☑ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports:	Daily medication at PAI? ☑ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☑ Yes	Describe Supports:	
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: remove obstacles, reminders to slow down. check for bruises if runs in to things	
Community Support: ☑ No ☐ Yes	Describe Supports:	☑ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Sensitive to some clothing. reminder to keep clothes on	
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: Yell, hit, throw and bit hand – usually unmet needs.	

Unsupervised time while at PAI or in the community? ☑ No ☐ Yes

Important to: freedom to move around independent

Important for: to give choices, support independence

Likes: movies, tv, outing, peers, Bowling

Dislikes: if he dont like something he will push it away

Communication Style: Vocalizations, reading, facial

Learning Style: Clear communication

Lead Review Completed: _____

Staff: Lisa Bailey
Date: Aug 28, 2024

PAI

Service Recipient: Cliff Vinge
Service Span: March 2024 - March 2025

Is this person able to self-manage according to the ES IAPP, SMA & Support Plan Addendum – check yes or no below

Employment Services Phase:		
Allergies: ☒ No ☐ Yes ☐ N/A	List & Describe Supports:	Medication Allergies? ☐ No ☒ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: follow Protical	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: no bite size, remind to slow down	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Herpes, Watch for red blister around mouth, Lock jaw Signs of infection report	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports:	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Verbal reminders	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Remove obsicals, Check for bruise when run into staff.	
Community Support: ☒ No ☐ Yes	Describe Supports:	☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Sensitive to some clothes. Remind to keep Clothes on.	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: yell, hit, throw when unmet needs (bit hand) staff will use pictures or verbal question to see what go on	
Unsupervised time while at PAI or in the community? ☒ No ☐ Yes		
Important to: Move Around this fisical enviorment		
Important for: Choices, encourg to participate, support Inglependance		
Likes: Movies, TV, outings, peers, Bowling		
Dislikes: push things away or people hands away		
Communication Style: Vocalization, Reaching, facial expression		
Learning Style: Clear Communication		

Lead Review Completed: _____

Staff: Nancy Snyder
Date: 8-29-24

PAI

Service Recipient: Cliff Vinje
Service Span: 3/24 - 3/25

Is this person able to self-manage according to the **IAPP, SMA & Support Plan Addendum** – check yes or no below

Allergies: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Medication Allergies? ☐ No ☑ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☑ No ☐ Yes ☐ N/A	Describe Supports: Follow Protocol
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: Bite s2 pcs, verbal reminders to slow down
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Herpes diagnoises, watch for fluid filled blisters around lips & nose, lock jaw signs of infection DNR/DNI? ☑ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: Daily medication at PAI? ☑ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☑ Yes	Describe Supports:
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: Slow down reminders, watch for bruises, remove Obstacles
Community Support: ☑ No ☐ Yes	Describe Supports: ☑ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: sensitive to some materials, reminders to keep clothes on
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: yelling, hitting, bites hands when his needs are not picture symbols & questions to communicate
Unsupervised time while at PAI? ☑ No ☐ Yes	
Important to: Freedom to move around, being included	
Important for: choices, participation, independence	
Likes: Movies, TV, Outings, peers, bowling, wrestling	
Dislikes: will push away and walk away w/ disliker	
Communication Style: Vocalization, reaching, facial expression	
Learning Style: Clear communications	

Lead Review Completed: _____

Staff: Dennis Mac

PAI

Service Recipient: Cliff Vine

Date: 8/29/24

Service Span: 3/24 - 3/25

Is this person able to self-manage according to the **IAPP, SMA & Support Plan Addendum** – check yes or no below

Allergies: ☑ No ☐ Yes ☐ N/A	List & Describe Supports:	Medication Allergies? ☐ No ☑ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☑ No ☐ Yes ☐ N/A	Describe Supports: follow protocol	
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: bite sized diet.	
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: hyper's diagnosis lock of jaw signs of infections	DNR/DNI? ☑ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports:	Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☑ Yes	Describe Supports: verbal reminders	
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: remove obstacles	
Community Support: ☑ No ☐ Yes	Describe Supports:	☐ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs
Sensory Support: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: sensitive to some clothing materials	
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: throw, hit, yell, ask verbal reminders use pic symbols	
Unsupervised Time: ☑ No ☐ Yes	Describe Supports:	
Important to:	freedom to move around, activities, engage with person staff	
Important for:	given choices, encouraged to participate	
Likes:	movies, tv, swings, peers, listening music	
Dislikes:	when he doesn't like something push away milk	
Communication Style:	vocalizations, reaching for things facial expressions	
Learning Style:	clear communication from calm staff	

Lead Review Completed: _____