Competency Tracking Form

Participant: Robert Florian

Annual Service Span: 9/2024 – 9/2025

Annual Meeting Date: 9/23/2024   **Date Assigned to Lead: 9/26/2024**

Competency Quiz Due for all Staff: 10/1/24

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	Date Completed	Initials	Full Name
10/1/24	LB	Lisa Bailey	10/1/24	NS	Nancy Snyder
10/1/24	JB	Julia Baker	10/1/24	DS	Dolly Stein
10/1	JG	John Gebhardt	10/3/24	CS	Cindi Stucky
10/1	RH	Rosaleigh Halverson	10/14/24	DT	Dave Turner
10/1	JJ	Julie Johnson	10/1/24	PV	Pa Vang
10/1	InL	Ilene Lubick	10/01/24	EZ	Elena Zadow
10/1	BM	Brian Mattox			
10/1	JM	Jaime Meyer			
10/1	KM	Krista Mischnick			
10/1	DM	Dennis Moua			
10/1	LO	Lateeph Onikoro			
10-1-24	DR	Darlene Rice			
10/1/24	RS	Renee Schmidt			

Date Uploaded to LMS: _____

| Staff: Lafeeph Onikoo | PAI | Service Recipient: Robert Fujian |
| Date: 10/01/2025 | | Service Span: 9/24 – 9/25 |

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:
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Can't Scoop food with Spoon. May Pocket food in his mouth. Putting him at risk.
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: Raches, chest pain 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: Need help in the Bathroom, ~~when~~ wear brief.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Robert may easily floor. need staff support
Community Support: ☒ No ☐ Yes	Describe Supports: Tend to wondering ☒ 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: Bouncing on Yoga Ball.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports:

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: Yoga Ball, like to do his own Thing

Important for: encouraging to penticipate. Walking around the room

Likes: Music, game, Classic disney music.

Dislikes: Loud Noise. whistling Species food.

Communication Style: Non-Verbal

Learning Style: Hand over hand"

Lead Review Completed: _____

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:
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Cannot scoop w/spoon, may pocket food. Staff feed, offer hand over hand assistance
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: mild pulmonary stenosis. Swelling of feet - extremities, Asthma, may wheeze, SOB, acne 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: Wears a brief - full staff assist. urinal
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: may trip or fall on uneven surfaces
Community Support: ☒ No ☐ Yes	Describe Supports: Robert may wander ☒ 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: Independently bounces on yoga ball. Rocks & bounces
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Rocks & bounces when upset

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: ~~Robert~~ yoga ball, walking, Independence likes to do his own thing

Important for: encourage to participate, walking around room, staff that knows him well

Likes: music bowling, classic disney, yoga ball horse back riding, Connect four, sorting coins,

Dislikes: loud noises, whistling, horns, fish, hard candy, cold food, popcorn pulls, hard candy!

Communication Style: non verbal

Learning Style: hand over hand

Lead Review Completed: _____

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:	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: cannot scoop w/spoon, may pocket food in cheek. staff feed	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: mild pulmonary stenosis, Low oral muscle tone, Asthma, rashes & acne	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: full assist in bathroom w/ urinal	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: uneven surface - staff support	
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: bounces on yoga ball, overstimulated - rocks, bounces covers ears	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: see above ↑	

Unsupervised time while at PAI?   ☒ No ☐ Yes

Important to: yoga ball, independance, likes to do own thing
~~exposure~~

Important for: walking room, staff knows him well

Likes: music, games, bowling, dancing, park, horseback riding

Dislikes: loud noises, horns, fish, hard candy, whistling

Communication Style: non-verbal

Learning Style: hand over hand

Staff: Dennis Mann
Date: 10/1/24

PAI

Service Recipient: Robert F.
Service Span: 9/24 - 9/27

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:	
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: may pocket food in mouth, staff assist	
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: pulmonary stenosis, asthma, low oral muscle tone	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: brief, full support, verbal	
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: may trip/fall on uneven surface	
Community Support: ☑ No ☐ Yes	Describe Supports: wander, elope, stay by him	☑ 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: yoga ball for over stimulated	
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: rock and bounce	

Unsupervised time while at PAI? ☑ No ☐ Yes

Important to:	Yoga ball, walking, independence, yoga ball
Important for:	encourage to promote posture, know staff well
Likes:	movies (Disney animal), yoga ball, horse, bell music (country), Dr. Seuss,
Dislikes:	loud noises, whistling, horns, fish, more picky eating splash toast
Communication Style:	nonverbal
Learning Style:	hands over hand

Lead Review Completed: _____

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:
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Cannot use spoon. May pocket food = choking hazard. Staff can use hand over hand to help
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: Mild pulmonary stenosis - swelling of limbs + abdomen, low oral muscle tone, asthma, rashes + acne **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: Uses urinal. full assist. uses briefs.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: May trip + fall on uneven terrain. needs staff support.
Community Support: ☒ No ☐ Yes	Describe Supports: Robert may wander, staff must stay w/ him. ☐ 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: bounces independently on yoga ball. May become overstimulated - rocks, bounces, covers ears
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: may rock + bounce when overstimulated

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: manipulatives, yoga ball, walking, independence

Important for: encouragement to participate in activities, walking around the room + staff that knows me well

Likes: Music, games, bowling, Disney classics, yoga ball, paper, walking, horseback riding, connect 4, sorting coins, hot wheels

Dislikes: loud noises, whistling horns, loud people, firm, hard candy, spicy foods, cold food, popcorn hulls getting stuck in gums.

Communication Style: non verbal

Learning Style: hand over hand

Lead Review Completed: _____

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:
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Can not scoop food with spoon may pocket food in mouth staff will feed
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: mild pulmonary stenosis swelling feet ankles abdomen Asthma low oral muscle 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: use brief staff will assist
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: may trip/fall uneven surface
Community Support: ☒ No ☐ Yes	Describe Supports: may wander staff will stay close ☒ 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: bounce on yoga ball may become over stimulated rocking bouncing
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: may rock or bounce

Unsupervised time while at PAI?   ☒ No ☐ Yes

Important to: Yoga ball walking around independence like doing his own thing

Important for: Encouragement walk around

Likes: Nurse dancing yoga ball walking Parks coins hot wheels

Dislikes: loud noise whispering loud people fish hard candy spicy food cold food popcorn hulls

Communication Style: Non verbal

Learning Style: hand over hand

Lead Review Completed: _____

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:
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Can't scoop spoon, offer Hand over Hand at times, pockets his food, staff feeds him
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: swelling of feet, may wheeze, frequently de, mild pulmonary stenosis, hardlessing 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: wears Brief, urinal, fully assisted
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: may trip/fall on uneven surfaces, staff support
Community Support: ☒ No ☐ Yes	Describe Supports: Robert may wander ☒ 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: Bounces on yoga ball, may become over stimulated rocking & bouncy
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: may rock & bounce

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: manipulating yoga ball, walking arord Bldg, independence, likes to do his own thing

Important for: encourage to participate, staff that know well, walk

Likes: Horse music games, bowling, dancing, yoga ball, park, walking

Dislikes: Loud noises, whistles, horns, loud people, fish, Kirk early

Communication Style: Nonverbal

Learning Style: Hand over Hand

Lead Review Completed: _____

Staff: Lisa Bailey
Date: 10/1/24

PAI

Service Recipient: Robert Florian
Service Span: 9/2024 - 9/2025

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:
Choking/Specialized Diet: ☒ No ☐ Yes	Describe Supports: Cannot scoop with spoon. Will pocket food, hand out hand assistance at time
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Swelling, feet, legs, Pain in Chest / Pulmoy Stenois, low oral musical tone, asthma 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: Breif, uses urinals, staff assist in Bathroom
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Staff Support, may taper falls
Community Support: ☒ No ☐ Yes	Describe Supports: Robert may wander ☒ 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: Independtly uses yoga ball may become over stimulate when Rocking, bounces
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: May Rock / Bounce

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: Yoga Ball, walk around building, Independence, likes to do his own thing

Important for: Encouragement to participate in activities, walk around room

Likes: Dancing, yoga Ball, hurse Bake riding, Connect 4, hot wheels

Dislikes: loud noises, whistling, hurms, loud people, fish, spicy food, popcown hulls

Communication Style: non-Verbal

Learning Style: Hand over hand

Lead Review Completed: _____

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: MAR Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports: N/A
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Help scoop food, pockets food, hand over hand
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Pulmonary stenosis, chest pain, fatigue, low muscle tone, Asthma, Races, Acne 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: Assist with brush
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Assist on uneven surfaces
Community Support: ☒ No ☐ Yes	Describe Supports: Assist, may wander bussing ☒ 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: IND uses yoga ball May rock/bounce + cover ears when over-stimuli
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: May rock/bounces

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: Mentipurtures? yoga ball, IND, walking

Important for: Participation, walking, familiar staff

Likes: Music, games, bowling, Disney, dancing, yoga ball, park, rocking, horse riding, coin sorting, Dr. Sues, Connect 4,

Dislikes: Loud noises, whistling, horns, fish, hard candy, spice, cold foods, popcorn

Communication Style: Non-verbal

Learning Style: Hand over hand

Lead Review Completed: _____

Staff: Rosaleigh Halvorson

Date: 10/1/24

PAI

Service Recipient: Robert Florian

Service Span: September 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:	
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: may pocket food with mouth – choking risk hand over hand, staff assistance	
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: mild pulmonary stenosis, chest pain fatigue, low oral muscle tone - hankerchief asthma - wheeze, cough, shortness of breath	DNR/DNI? ☑ No ☐ Yes *Located in main file, share with EMT in emergency* receives air
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: brief, urinal, staff assistance	
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: trip/ fall uneven surfaces – staff support	
Community Support: ☑ No ☐ Yes	Describe Supports: may wander	☑ 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: rocking + bouncing	bounces on yoga ball, becomes overstimulated, covers ears
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: rocking + bouncing	

Unsupervised time while at PAI? ☐ No ☐ Yes

Important to:	manipulatives, yoga ball, walking around building, independence, doing his own thing
Important for:	encouragement to participate, walking around room, staff that know him well
Likes:	music, games, bowling, classic disney, dancing, manipulatives yoga ball, horse riding
Dislikes:	loud noises, whistling, horns, loud people, fish, hard candy spicy foods, cold foods, popcorn hulls
Communication Style:	non verbal
Learning Style:	hand over hand

Lead Review Completed: _____

Staff: Krista. M

Date: 10/1/24

PAI

Service Recipient: Robert Florian

Service Span: 9/24 - 9/25

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:

Choking/Specialized Diet: ☑ No ☐ Yes	Describe Supports: can't scoop food with spoon.

Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: stensis, swelling of feet, ankles, abdomen, c

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: use bere, help in bathroom.

Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: may step and fall uneven surfaces. walk side by side.

Community Support: ☑ No ☐ Yes	Describe Supports: may wander

☑ 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: rocking & bouncing

Behavior Support: ☑ No ☐ Yes	List & Describe Supports: May rock & bounce

Unsupervised time while at PAI? ☑ No ☐ Yes

Important to:
manipulives, yoga ball, walking around, independce, like to do own thing

Important for:
Encourgment to participate, walking around room, staff know him well

Likes:
music/yoga ball, walking, hose back riding, coins, hotwheel

Dislikes:
loud noices, loud people, card candy, cold food, popcorn

Communication Style: non-verbal

Learning Style: hand over hand

Lead Review Completed: _____

Staff: Dolly Stein
Date: 10/1/2024

PAI

Service Recipient: Robert Florian
Service Span: 9/2024 - 9/2025

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: listed on Mar per Dr order **Medication Allergies?** ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports:
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Can't scoop, may pocket food, hand over hand assistance
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: mild pulminary stenosis (feet swelling), Asthma, Rashes/acne **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: Wears brief, uses a urinal
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: May trip/fall uneven surfaces
Community Support: ☒ No ☐ Yes	Describe Supports: tends to wander off ☒ 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: rocking/bouncing independently bounces on yoga ball overstimulated by noises
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: rocking/bouncing

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: manipulatives, yoga ball, walking, independence, doing his own thing

Important for: encouragement to participate, walking, staff that know him well

Likes: music, games, bowling, dancing, park, horseback riding, coin sorting

Dislikes: loud noises, whistling, horns, loud people, fish, spicy foods, popcorn hulls getting stuck in his teeth

Communication Style: non verbal

Learning Style: hand over hand

Lead Review Completed: _____

Staff: **DARLENE R.**

Date: **10-1-24**

PAI

Service Recipient: **Robert Florian**

Service Span: **9-24/25**

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:
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: CAN'T EAT HIMSELF MAY CHOKE / WILL LEAVE food in mouth
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: CHEST PAIN - RASHES - ACNE LOW ORAL MUSCLE TONE **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: WEAR BRIEFS - staff ASSISTANCE
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: MAY FALL on UNEVEN SURFACES
Community Support: ☒ No ☐ Yes	Describe Supports: Will WONDER if Left Alone ☒ 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: ROCKS - BOUNCES - COVER EARS when loud noise
Behavior Support: ☒ No ☐ Yes	List & Describe Supports:

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: YOGA BALL - WALKING

Important for: staff that knows him WELL - ENCOURAGEMENT

Likes: GAMES - BOWLING - PARK - HORSEBACK Riding

Dislikes: LOUD NOISE - FISH - HARD CANDY

Communication Style: NON-VERBAL

Learning Style: HAND OVER hand

Lead Review Completed: _____

Staff: John Gebhardt

Date: 10/1/24

PAI

Service Recipient: Robert Florian

Service Span: 9/2024 - 9/2005

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:
Choking/ **Specialized Diet:** ☒ No ☐ Yes	Describe Supports: He may pocket food in mouth which could cause choking Staff feed him - hand over hand.
Chronic Medical **Conditions:** ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Asthma - shortness of breath Mild Pulminary stenosis. **DNR/DNI?** ☒ No ☐ Yes Low oral muscle tone; causes drooling *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: Full support in bathroom
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports:
Community Support: ☒ No ☐ Yes	Describe Supports: ☒ Staff will model pedestrian & stranger safety, He tends to wander off provide transportation in the community, watch him closely. & provide supervision to meet health & safety needs
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Uses his yoga ball to bounce/rock covers his ears if its too loud.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: He may rock and bounce. Anxious looks.

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: Yoga ball, walking in building, independence

Important for: Participate in activities, getting to know him well, staff & peer interaction,

Likes: Dancing, parks, horseback riding, walks, Hot wheels, Dr suess books,

Dislikes: Horns, loud people, spicy food, cold food, whisteling

Communication Style: Non verbal

Learning Style: Hand over hand

Lead Review Completed: _____

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:	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: can't scoop food with spoon, may pocket food in mouth, at risk of choking, offer hand assistance	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Asthma, ance/rash on face	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: Breif, staff assistance.	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: may trip/fall on uneven ground. Staff assistance	
Community Support: ☒ No ☐ Yes	Describe Supports: wonder around	☒ 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: Independently bounce on this yoga ball, may become over-stimulated, rocking/bouncing	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: may rock & bounce	

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: manipulates, yoga ball, wanting around building, independent

Important for:

Likes: music, bowling, class c Disney movies, dancing, yoga ball, going to the park, wanting, horseback riding

Dislikes: loud noises, whistling horns, loud people, spicy food, popcorn

Communication Style: non-verbal

Learning Style: hand or hand

Staff: Nancy Snyder

Date: 10-1-24

PAI

Service Recipient: Robert Florian

Service Span: 9/2024 – 9/25

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: *Listed on MAR, only administer meds per dr. order*	Medication Allergies? ■ No □ Ye
Seizures: □ No □ Yes ■ N/A	Describe Supports:	
Choking/ Specialized Diet: ■ No □ Yes	Describe Supports: Cannot scoop food with spoon. May pocket food in his mouth = putting him at risk of choking Staff feeds Robert, offer hand over hand assistance	
Chronic Medical Conditions: ■ No □ Yes □ N/A	List & Describe Supports: Mild Pulmonary Stenosis, swelling of feet, ankles, abdomen, Chest pain or fatigue. Low Oral Muscle tone: change handkerchief as needed. Asthma - may wheeze, cough, short of breath. Rashes & acne on skin. 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: Urinal, full assistance	
Mobility/Fall Risk: ■ No □ Yes	Describe Supports: Robert may trip/fall on uneven surfaces, staff support.	
Community Support: ■ No □ Yes	Describe Supports: Robert may wander	■ 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: Independently bounce on his yoga ball. May become over stimulated – rocking & bouncing	
Behavior Support: ■ No □ Yes	List & Describe Supports: May rock & bounce	

Unsupervised time while at PAI?   ■ No □ Yes

Important to:
Manipulatives, yoga ball, walking around building, independence, likes to do his own things

Important for:
Encouragement to participate in activities, walk around room, staff that knows me well

Likes:
Music, games, bowling, classic Disney movies, dancing, manipulatives, yoga ball, going to the park, walking, horseback riding, connect four, sorting coins, hot wheels, Dr Seuss books

Dislikes:
Loud noises, whistling, horns, loud people, fish, hard candy, spicy foods, cold food, popcorn hulls getting stuck in gums

Communication Style: Non-verbal

Learning Style: Hand over Hand

Lead Review Completed: _____

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:	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Can not scoop food w/spoon Staff feed may pocket food in mouth Hand over hand	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Mild Pulmonary Stenosis swelling of Feet Asthma ankles abdomen chest Pain low oral musal tone	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: ~~[crossed out]~~ full assistance wears Brief	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: may trip/fall uneven surfaces Staff Support	
Community Support: ☒ No ☐ Yes	Describe Supports: wonders	☒ 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: independently rock Bouncing Ball	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: might rock/Bounce on ball	

Unsupervised time while at PAI?   ☒ No ☐ Yes

Important to: Yoga Ball independence
like to do ow

Important for: incourgement to participate walking
staff know him well

Likes: music games bowling danceing yoga Ball
walking parks Hotwheeles Drswec Books

Dislikes: loud noise horns loud people Hard candy spicy food
Popcorn cold foods

Communication Style: non-verbal

Learning Style: Hand over Hand

Lead Review Completed: _____