Competency Tracking Form

Participant: Talon Esping

Annual Service Span: November 2024 to November 2025

Annual Meeting Date: TBD **Date Assigned to Lead:** Georgie Ploog

Competency Quiz Due for all Staff: 12/3/24

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
12-3	LB	Lisa Bailey
12-3	JB	Julia Baker
12/3	JG	John Gebhardt
12/3	JJ	Julie Johnson
12/3	IL	Ilene Lubick
12/3	BM	Brian Mattox
12/3/24	KM	Krista Mischnick
12/3/24	DM	Dennis Moua
12/3/24	LO	Lateeph Onikoro
12-3-24	DR	Darlene Rice
12/3/24	RS	Renee Schmidt
12/3/24	NS	Nancy Snyder
12/3/24	PV	Pa Vang
12/3/24	AS	Andrea Swearingen

Date Completed	Initials	Full Name
12/3/24	LC	Lindsay Carlson

Date Uploaded to LMS: _____

Staff: Lindsay Carlson
Date: 12/3/24

Service Recipient: Talon Esping
Service Span: 11/24 - 11/25

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: cut into bite-sized pieces, make healthy choices/ limit sugar	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: ADHD, OCD, hyperthyroid - aware of, redirection when necessary.	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: no meds at PAI, aware	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: reminders to wash hands	
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports:	
Community Support: ☒ No ☐ Yes	Describe Supports: assist in community	☒ 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: might chew on sleeves (history) but may in new environment	
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: can identify but offer quiet/calm space.	

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: input on daily schedule/outings, family included, stay active/walks

Important for: included in group activities, support w/ social/friends, redirection when anxious

Likes: Ben 10, talking about Ben 10, drawing, art, computer animation, daily schedule

Dislikes: nothing at this time, will update as necessary

Communication Style: verbal, reads, writes, texts,

Learning Style: redirection when necessary

Lead Review Completed: _____

Staff: Andrea Swearingen
Date: 12/3/24

PAI

Service Recipient: Talon Esping
Service Span: Nov 24 - Nov 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: Small pieces	
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: AdHd	DNR/DNI? ☑ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: no medications here	Daily medication at PAI? ☑ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: Remind to wash hands	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports:	
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: History of biting or chewing his clothes	
Behavior Support: ☐ No ☑ Yes	List & Describe Supports: Help him and offer him a quiet place.	

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: He likes to chose outings

Important for: ~~staff support~~ Walking, very active; Help with friends; Input on his daily schedule

Likes: Ben 10 (cartoon) likes to watch + talk about it. Art, drawing, crafts

Dislikes:

Communication Style: Verbal, writes, speaks slowly, text Has phone

Learning Style: Verbal, redirect when necessary

Lead Review Completed: _____

Staff: Abby Snyder
Date: 12-3-24

PAI

Service Recipient: Talon Espino
Service Span: 11/24 - 11/25

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: bite-sz-pieces, Monitor sugar intake,
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: ADHD, OCD, Hyper-Thyroidism DNR/DNI? ☑ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: No meds at PAI Daily medication at PAI? ☑ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☑ Yes	Describe Supports: Reminders to wash hands
Mobility/Fall Risk: ☐ No ☑ Yes	Describe Supports:
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: history of chewing on clothes - redirect
Behavior Support: ☐ No ☑ Yes	List & Describe Supports: help him by offering quiet space when necessary.
Unsupervised time while at PAI? ☑ No ☐ Yes	
Important to:	choose outings, included in activities, family, walks helps w/ his sister
Important for: Staff support	help w/ friends, Redirection when anxious
Likes:	Ben 10, Drawing, Computer animation, having daily schedule
Dislikes:	?
Communication Style:	Verbal, reads, writes, texts, may speak slowly
Learning Style:	Verbal - Redirect when necessary

Lead Review Completed: _____

Staff: Rene Schmidt
Date: 12/3/2021

PAI

Service Recipient: Talon esping
Service Span: Nov-24-Nov25

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: Bite size pieces slowdown Healthy choice in comm.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: OCD ADhd Hyperthriod 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: Reminders to wash hands
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports:
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: History of Biting & chewing clothes
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: Offer calm quet space
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Input, family, make choice on outing included, walks, active	
Important for: Help with friends Staff support offer redirect during activity	
Likes: Benio talkeng about Benio Art crafts Daily Schedule	
Dislikes:	
Communication Style: Verbal, Ready Writes, text	
Learning Style: Verbal demostration	

Lead Review Completed: _____

Staff: Paia Vang

Date: 12 · 3 · 24

Service Recipient: Talon Esping

Service Span: _____

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: N/A	Medication Allergies? ☐ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports: NO seizures activity	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: cut food talon food into bite sizes, Prompt 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*
Medication: ☒ No ☐ Yes	Describe Supports: aware of medications	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: reminders to wash there hands	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: NO	
Community Support: ☒ No ☐ Yes	Describe Supports: assit in community	☒ 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: may bite or chew on sleeve of his shirt when anxious, offer redirect	
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: experiencing overstimulation or anxiety, support when he anxious and offer him a break	
Unsupervised time while at PAI? ☒ No ☐ Yes		
Important to: have input on daily schedule, would choose his own, increase in group activities, stay active, and go outside, family		
Important for: would like staff when interacting with Ben, remain calm.		
Likes: Ben 10, talking Ben 10, art, drawing, computer animation, crafts, making a sheave.		
Dislikes: N/A		
Communication Style: verbal, reads, write, types, texts, send emails, may speak slowly		
Learning Style: verbal, redirection		

Lead Review Completed: _____

Staff: Julie Johnson | Service Recipient: Talon Espiritu

Date: 12/3/24 | Service Span: NOV '24 - NOV '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: bite sized pieces, prompt to slow down, healthy choice prompts
Chronic Medical Conditions: ■ No ☐ Yes ☐ N/A	List & Describe Supports: aware of his ADHD, hypothyroidism DNR/DNI? ■ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ■ No ☐ Yes	Describe Supports: takes daily meds @ home Daily medication at PAI? ■ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ■ No ☐ Yes	Describe Supports: remind to wash with soap when applicable
Mobility/Fall Risk: ■ No ☐ Yes	Describe Supports: NOT a fall risk
Community Support: ■ No ☐ Yes	Describe Supports: full assist in the Community ■ 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: offer quiet area, calm space when necessary
Behavior Support: ☐ No ■ Yes	List & Describe Supports: Talon is aware when he is feeling overwhelmed
Unsupervised Time: ■ No ☐ Yes	Describe Supports: N/A
Important to:	Input & choices on outings, be included, go on walks group
Important for:	needs support, suggestions, offer redirection
Likes:	BenTen, talking about BenTen, Art, drawing, crafts, be included, stay active
Dislikes:	still unknown...
Communication Style:	verbal, reads, writes, texts, (phone)
Learning Style:	verbal redirection/support

Lead Review Completed: _____

Staff: John Edwards | PAI | Service Recipient: Talon Espino

Date: December 3rd, 2024 | Service Span: NOV 24 - NOV 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: Bite sizes, slow down, Monitor Sugar intake
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: ADAD, OCD, (No Thyroid) Hyper-Thyroidism DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Takes Meds Daily - But not at PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☒ Yes	Describe Supports: Reminders to Wash Hands.
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: No Risk
Community Support: ☒ No ☐ Yes	Describe Supports: Staff to interact with Non PAI people. ☒ 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: Staff will support Talon when he feels anxious offer a quiet space for him.
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: He can identify when he's anxious and Overstimulated.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: No alone time

Important to: Have a daily schedule, wants to choose his outings, Being included in Activities

Important for: Would like staff support when interacting with peers, group activities.

Likes: Ben 10 (cartoon) Talking about Ben10, Crafts, Computers

Dislikes: None at this time

Communication Style: Verbal, reads and writes, (Speaks slowly)

Learning Style: Verbal, Only redirect when necessary

Lead Review Completed: _____

Staff: Dennis Mann

Date: 12/3/24

PAI

Service Recipient: Talon Espino

Service Span: Nov 24 - Nov 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: no seizure activity	
Choking/ Specialized Diet: ☑ No ☐ Yes	Describe Supports: cut food, help make good choices in community	
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: ADHD, hyperthyroidism, redirect when necessary	DNR/DNI? ☑ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: no meds at PAI	Daily medication at PAI? ☑ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☑ Yes	Describe Supports: remind to wash hand	
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: not considered to be at risk	
Community Support: ☐ No ☐ Yes	Describe Supports: cannot ride without	☑ 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: used to like clothes	
Behavior Support: ☐ No ☑ Yes	List & Describe Supports: calm place when overwhelmed	
Unsupervised time while at PAI? ☑ No ☐ Yes		
Important to:	give choices, family, disabled sister in community, Dietary Care of, young active	
Important for:	space & time, support, redirection when needed	
Likes:	arts, daily schedule making, visiting others	
Dislikes:	still to be determined.	
Communication Style:	verbal	
Learning Style:	verbal instruction	

Lead Review Completed: _____

Staff: Elene M Lubick

Date: 12/3/24

PAI

Service Recipient: Talon Espino

Service Span: NOV 2024 - 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: Bite size pieces, slow down, monitor sugar intake
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Not able to self manage, help w/ redirection. DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: ☒ Takes but Not here. Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: Remind to wash hands
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: NOT a fall risk
Community Support: ☒ No ☐ Yes	Describe Supports: Staff will 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: If anx, dws may bite his sleeve. Likes a calm, quiet space
Behavior Support: ☐ No ☒ Yes	List & Describe Supports:
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:
Important to:	Give Input on his daily Staff Schedule, Choose activity, stay active, family support, Be included,
Important for:	Staff Support when interacting with others & redirection, Reminders of
Likes:	Being told what's coming next, making daily schedule, talking about, art, drawing, computer games, crafts
Dislikes:	to be determined
Communication Style:	Verbal, reads, writes, texts, talks slowly
Learning Style:	Verbal, Redirect as needed

Lead Review Completed: _____

Staff: Brian Mattox
Date: 12/3/24

Service Recipient: Talon E Spring
Service Span: Nov 24 - Nov 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: Cut food into bite size piece remind to slow down
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: ADHD, OCD, Hyperactivism staff will assist with redirection 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: remind to wash hand
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports:
Community Support: ☒ No ☐ Yes	Describe Supports: help with interacting ☒ 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: may bite or chew on his sleeve
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: inability when experiencing overstimulation
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: like to have input on his daily schedule like to be included in group activites like to go for walks choose outing	
Important for: support when interacting with peers	
Likes: Ben 10, talking about Ben 10, art, drawing computer crafts	
Dislikes: don't know	
Communication Style: verbal, redirection, when necessary, text	
Learning Style: verbal redirection	

Lead Review Completed: _____

Staff: Lisa Bailey
Date: 12/3/2024

PAI

Service Recipient: NW24-NW25
Service Span: Talon-Espeney

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: N/A 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: Slow down when eating, Cut food in bit size Pieces. Talon take in Sugar, watch what he eats
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: aware of dignoses. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Talon doesn't take any meds @ PAI Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: Remind to wash hands
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports: Not a fall risk
Community Support: ☒ No ☐ Yes	Describe Supports: Staff will assist on outings ☒ 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: May bit or chew on sleaves, when anxious.
Behavior Support: ☐ No ☒ Yes	List & Describe Supports: Can identify when he experice over stimulation or anxiety
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: —
Important to: Talon would like to have input, with his daily schedule & Choose outing	
Important for: Would like staff support & stay active, Family is impot to, Staff giving redirection when actions	
Likes: Ben 10, Talking about Ben 10, art, drawing, computer animation	
Dislikes: Talon to report on time	
Communication Style: Verbal, Reads, Writes, types, may speak slowly	
Learning Style: Verbal. Redirection	

Lead Review Completed: _____

Staff: Krista M

Date: 9/13/24

PAI

Service Recipient: Talon Espino

Service Span: Nov 24 - Nov 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: N/A 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: Cut food into bite size & make healthy choices
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: is aware of his digonsis of ADHD, OCD, Hypertryoidism DNR/DNI? ☑ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: Talon does not have meds Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☑ No ☐ Yes	Describe Supports: (reminders)
Mobility/Fall Risk: ☐ No ☑ Yes	Describe Supports: N/A
Community Support: ☑ No ☐ Yes	Describe Supports: Staff will assist Talon in community when needed ☐ 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: May use a chew on sleeves when anxious. Staff will offer alternate piece.
Behavior Support: ☐ No ☑ Yes	List & Describe Supports: Can tell when exercising over stimulation or anxiety. Staff will support Talon when he feel anxious.
Unsupervised Time: ☑ No ☐ Yes	Describe Supports:

Important to: would like have input on daily schedule and would like to chose his outings

Important for: sister, family, apartment soon figure, stay active

Likes: Ben 10, talking about ben 10, art, drawing, crafts

Dislikes: don't any dislikes

Communication Style: verbal; reads, writes, text, send emails

Learning Style: verbal, redirection

Lead Review Completed: _____

Staff: Lafeeph Dnilson

Date: 12/03/2024

PAI

Service Recipient: Jalon ESPINO

Service Span: NOV 2024 - NOV. 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: No Allergies	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: Bite size. Monitor Sugar Intake.	
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: ADHD - OCD	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: Remind to wash hands with Soap.	
Mobility/Fall Risk: ☐ No ☐ Yes	Describe Supports: Not a fall risk	
Community Support: ☐ No ☑ Yes	Describe Supports: Pedestrian and in community	☐ 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: ~~Stim~~ Chew Cloth need redirection if found chewing	
Behavior Support: ☐ No ☒ Yes	List & Describe Supports:	
Unsupervised Time: ☑ No ☐ Yes	Describe Supports:	

Important to: stay active, family Support, Included in group activities

Important for: need Support Interacting with peers. Need redirection if found doing what he is not suppose to do

Likes: Ben 10, Talking about Ben, Computer animation.

Dislikes: TBD.

Communication Style: May speak a little slow

Learning Style: Verbal redirection when necessary

Lead Review Completed: _____

Staff: DARLENE
Date: 12-3-24

Service Recipient: TALon ESping
Service Span: 11-24 / 11-25

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: BITE SIZE - MONITOR SUGAR INTAKE
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: ADHD - OCD 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: REMIND TO WASH HANDS
Mobility/Fall Risk: ☐ No ☒ Yes	Describe Supports:
Community Support: ☒ No ☐ Yes	Describe Supports: STAFF 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: MAY BITE ON CLOTHES - REDIRECT
Behavior Support: ☐ No ☒ Yes	List & Describe Supports:

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: CHOICES - ACTIVITIES - TAKE CARE OF SISTER

Important for: SUPPORT - REDIRECTION

Likes: BEN 10, ART, DRAWING, CRAFT, MAKING SCHEDULE

Dislikes: TBD

Communication Style: VERBAL - WRITES - TEXT

Learning Style: VERBAL - REDIRECTION

Lead Review Completed: _____

Staff: Julia Baker
Date: 12/2/24

PAI

Service Recipient: Talon Espino
Service Span: 11'24 - 11'25

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: staff will cut Talons food into bite-sized pieces and prompt him to slow down while eating. staff will monitor Talons sugar intake.
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Talon is aware that he has ADHD, OCD, Hypothyroidism. staff will assist with redirection. DNR/DNI? ☐ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	Describe Supports: no daily meds but Talon is aware of what meds he takes. Daily medication at PAI? ☑ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☐ Yes N/A	Describe Supports: Talon needs remnders to wash his hands.
Mobility/Fall Risk: ☐ No ☐ Yes N/A	Describe Supports: —
Community Support: ☑ No ☐ Yes	Describe Supports: staff will assist Talon when interacting with non-PAI staff or peers. ☐ 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: may bite or chew on sleeves when anxious. staff will redirect him to quiet spaces.
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: Talon gets anxious, but will usually identify it. staff will redirect. staff will monitor Talons complete activities.
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: choosing his daily schedule and choosing outings, choosing group activites, staying active, going for walks	
Important for: staff assists him with daily interactions with peers, staff redirection when he feel anxious.	
Likes: Ben 10, talking about Ben 10, art, drawing, making a daily schedule, crafts	
Dislikes:	
Communication Style: reads, writes, sends emails, and types	
Learning Style: verbal, redirection	

Lead Review Completed: _____