Competency Tracking Form

Participant: Katherine Baker

Annual Service Span: Intake

Annual Meeting Date: 12/16/2024 **Date Assigned to Lead:** N/A

Competency Quiz Due for all Staff: 12/31/24

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
12/31/24	LB	Lisa Bailey
12/3/24	JB	Julia Baker
[redacted]/6/25	JG	John Gebhardt 1-6-25
12/31/24	JJ	Julie Johnson
1/6/25	IL	Ilene Lubick
12/31/24	BM	Brian Mattox
12/31/24	KM	Krista Mischnick
01/07/2025	LO	Lateeph Onikoro
12-31-24	DR	Darlene Rice
12/31/24	RS	Renee Schmidt
12/31/24	NS	Nancy Snyder
12/31/24	PV	Pa Vang

Date Completed	Initials	Full Name
12/3/24	AS	Andrea Swearingen
12/31/24	JC	Jessica Carlson
12/31/24	LC	Lindsay Carlson

Date Uploaded to LMS: _____

Staff: Lisa Bailey

Date: Dec 31, 2024

PAI

Service Recipient: Kay Baker

Service Span: DA Take

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: Dust, Ragweed, Elm Tree, seasonal allergies Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: frequent seizures - waiting on updated seizures ptitical
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: feeds herself, but has tendency to put large pieces in mouth
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Autism, impulsive disorder, Hypertention DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN - Valtoco nasal spray Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: needs supervision in bathroom. Staff will assist with wiping if she allows after a BM. Verbal + Prompt to wash hands
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: ambulates, but at Risk to fall because of seizure disorder
Community Support: ☒ No ☐ Yes	Describe Supports: May wander off, keep within arms distances when near Traffic ☒ 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: nearsighted but does not wear glasses
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: History of physical agression when upset or anxious, Redirected with Song (Badmely)
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: —
Important to: Choices, Talking to her dad on the phone every day, safe routine	
Important for: Hygene, maintaining stable health, supervision, routines	
Likes: Sensory activities, van Rides, going for walks, shopping, eating at Resturants	
Dislikes: Being around ppl who make her feel unsafe, feeling anxious not having needs met	
Communication Style: non Verbal, facial expression, guiding to what she wants	
Learning Style: TBD after 45 day intake	

Lead Review Completed: _____

Staff: DARLENE RICE

PAI

Service Recipient: KATHERINE BAKER

Date: 12-31-24

Service Span: INTAKE

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: DUST, RAGWEED, ELM TREE SEASONAL ALLERGIES Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: SEIZURES - WAITING FOR UPDATES
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: BITE SIZE PIECES - SLOW DOWN EATING
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: AUTISM, IMPULSE DISORDER EPILEPSY - HYPERMETROPIA, CONSTIPATION DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN - VALTOCO Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: STAFF ASSIST
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: RISK - DUE TO SEIZURE DISORDER
Community Support: ☒ No ☐ Yes	Describe Supports: MAY 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: NEARSIGHTED DOESN'T WEAR GLASSES
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: PHYSICAL AGGRESSION - LIKES BARNEY SONG ACTIVITY - WALK
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:

Important to: CHOICES, TALKING TO DAD - NEEDS/WANTS - FEELING SAFE

Important for: HYGIENE - HEALTH - SUPERVISION - ACTIVITY - MUSIC

Likes: VAN RIDES - OUTINGS - WALKS - SHOPPING RESTAURANTS

Dislikes: PEOPLE WHO MAKE HER FEEL UNSAFE - ANXIOUS

Communication Style: NON-VERBAL - FACIAL EXPRESSIONS - GUIDING HER WANTS

Learning Style: TBD - AFTER 45-DAY MEETING

Lead Review Completed: _____

Staff: Julie Johnson

Date: 12/31/24

PAI

Service Recipient: Kay Baker

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: Dust, Ragweed, Elm tree Seasonal allergies	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: frequent seizures, waiting for an updated Seizure protocol. Has rescue med	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Autism, Impulse Disorder, Epilepsy, Hypermetrope Constipation	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: feeds herself but has a tendency to put large bites into mouth	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN Valtoco nasal spray.	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: needs supervision in bathroom, Staff will assist with wiping when allowed. provide prompts to wash	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Ambulates fine, may fall when having a Seizure	
Community Support: ☐ No ☐ Yes	Describe Supports: may wander off. Keep arm's distance	☒ 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: nearsighted - doesn't wear glasses	
Behavior Support: ☐ No ☐ Yes	List & Describe Supports: history p.a. when upset or anxious - "likes Barney"	
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:	

Important to: talking to Dad everyday, independence communicating needs to feel safe.

Important for: Hygiene, maintaining stable health, supervision routine

Likes: Sensory activities, van rides, outings, walks, shopping eating @ restaurants

Dislikes: People that make her feel unsafe

Communication Style: facial expressions

Learning Style: TBD after 45 day

Lead Review Completed: _____

Staff: Paia Varg

Date: 12/3/24

Service Recipient: Katherine (Kay) Baker

Service Span: Intake

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: Dust, Ragweed, elm tree, seasonal allergies Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☐ N/A	Describe Supports: frequent seizures, waiting for updated protcol. Has rescue med.
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: feeds herself but has a tendency to put too large bites into mouth, bite sized pieces, verbal/physical prompts to slow
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: autism, impluse disorder, epilepsy, hypermetropia, constipation DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN - valtoco nasal spray TBD Daily medication at PAI? ☒ No ☒ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: need supervision in bathroom, staff assits with wiping if she allows and wiping after a BM, provide verbal/prompts to wash hands.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: ambulated fine but risk of falling due to seizure disorder
Community Support: ☒ No ☐ Yes	Describe Supports: May wander, keep within arm's distance when near traffic ☒ 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: nearsighted but does not wear glasses.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: history of physical aggression when upset or anxious, redirect with preferred song (Barney), sensory activity, walk, quiet space, manipulated fidget
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:

Important to: choices, talking to her dad on the phone every day, independence, communicating wants/needs, feeling safe, routine.

Important for: Hygiene, maintaining stable health, supervision, routine, sensory activities, music.

Likes: sensory activities, van rides, outings, going walks, shopping, eating at restaurants, swimming, coloring, puzzles, weighted, barney, home alone

Dislikes: being around people who make her feel unsafe, feeling anxious, not having needs/wants met

Communication Style: non-verabal, facial expressions

Learning Style: TBD 45-day.

Lead Review Completed: _____

Staff: Julia Baker

Date: 12-31-24

PAI

Service Recipient: Katherine (Kay) Baker

Service Span: Intake

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: Dust, ragweed, Elm tree, seasonal allergies. Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Frequent seizures - need upacked protocol. Has rescue med.
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Bite-sized pieces. Needs prompts. Eats independently.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Autism, Impulse disorder, Epilepsy, Hypermetropic astigmatism. DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN- Valtoco nasal spray. Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Needs help and handwashing reminders. Staff will help w/ Bm.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Fall risk due to seizures.
Community Support: ☒ No ☐ Yes	Describe Supports: Needs to be kept at arms length around public. ☒ 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: Nearsighted but no glasses.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Staff will redirect behaviors w/ Barney song, sensory activities, walk, quiet space, manipulatives/ fidget. Use "first" and "then" language.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:
Important to:	Choices, talking to her dad on phone, independence, communicating wants/needs, feeling safe, routine
Important for:	hygiene, maintaining stable health, supervision, routine, sensory activities, music.
Likes:	Sensory activities, van rides, outings, walks, swaying, restaurants, swimming, baths, puzzles, weighted blankets, Barney, home alone, cons wine shoppins, singing
Dislikes:	feeling unsafe, feeling anxious, not having needs/ wants met.
Communication Style:	non-verbal, facial expressions, guiding to what she wants.
Learning Style:	TBD after 45 day meeting

Lead Review Completed: _____

Staff: Brian Mattox

Date: 12/31/24

Service Recipient: Katherine (Kay) Baker

Service Span: intake

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: Dust, Ragweed, Elm tree, seasonal allergies Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Frequent seizures - waiting for an update seizure Protocol, Has rescue med
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Feeds herself but has a tendency to put to large bites into mouth, Bite size pieces verbal/Physical prompts to slow down
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Autism, impulse Disorder, Epilepsy, Hypermetropia, Constipation DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN - Valtoco nasal spray Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Needs supervision in bathroom. staff assist with wiping if she allows and wiping after a BM, Provide verbal/Physical prompts to wash hands
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Ambulated fine but risk of falling due to seizure disorder
Community Support: ☒ No ☐ Yes	Describe Supports: may wander off, keep within arm's distance when near traffic ☒ 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: Nearsighted but does not wear glasses
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: History of Physical aggression when upset or anxious. Redirect with preferred song (barney) sensory activity, walk, quiet space, manipulatives / fidget use first and then language
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Choices talking to her dad on the Phone every day, independence, Communicating wants/needs feeling some routine	
Important for: Hygiene, maintaining stable health supervision routine, sensory activities music	
Likes: Sensory activities, ride outings going for walks, shopping eating out restaurants swimming coloring Puzzles weighted blankets barney (helps calm) home alone Pushing carts / singing	
Dislikes: being around people who make her feel unsafe feeling anxious not having needs/wants met	
Communication Style: Non-verbal facial expressions guiding to what she wants	
Learning Style: TBD after 45-day meeting	

Lead Review Completed: _____

Staff: Andrea, Swearingen
Date: 12-31-24

PAI

Service Recipient: Katherine (Kay) Baker
Service Span: Intake

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: Dust, Ragweed, Elm Tree Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Frequent Seizures
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Feeds herself, Bite size pieces. Verbal/physical prompts to slow down.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Autism, Impulse disorder, Epilepsy, Hyperemetropia, Constipation DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN - Valtoco nasal spray Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Needs supervision in bathroom, staff assist with wiping if she allows. Verbal/physical prompts to wash hands.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Ambulates fine but risk of falling due to seizure disorder.
Community Support: ☒ No ☐ Yes	Describe Supports: May wander off. Keep within arms distance when near traffic. ☒ 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: Nearsighted but does not wear glasses.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: History of physical aggression when upset. Redirect with song (Barney) sensory activity.
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to:	Choices, talking to her dad, independence, Communicating wants/needs.
Important for:	Hygiene, stable health, routine, music
Likes:	Sensory activities, Van rides, outings, walks shopping
Dislikes:	Being around people who make her feel unsafe. feeling anxious
Communication Style:	Non-verbal, facial expressions.
Learning Style:	TBD after 45-day meeting

Lead Review Completed: _____

Staff: Krista.M

Date: 12/31/24

PAI

Service Recipient: Katherine (Kay) Baker

Service Span: Intake

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: Dust, Rag weed, Elm Tree, Seasonal allergies Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: frequent seizures - waiting for an updated Seizures Protocol. Has rescue med
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Feed herself but has a tendency to put too large bites into mouth. Bite sized pieces, verbal / Physical prompts to slow down
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Autism, Impulse disorder, Epilepsy, Hyperopia, constipation DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN - Valtoco nasal spary Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Needs supervision in bathroom. Staff assit with wiping if she allows and wiping after a B.M. Provide verbal, physical prompts to wash hands
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Ambulated fine but risk of falling due to seizure disorder
Community Support: ☒ No ☐ Yes	Describe Supports: may wander off keep within arms distance when near traffic ☑ 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: nearsighted but does not wear glasses
Behavior Support: ☑ No ☐ Yes	List & Describe Supports: History of physical aggression when upset or anxious. Redirect with preferred song (barney) sensory activity walk, quiet space manipulated/ fidget use first and then language
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Choices, talking to her dad on the phone every day independance communicating wants/needs feeling safe, routine	
Important for: Hygience, Maintaining stable health, supervison, routine, sensory activities, music	
Likes: sensory activites, van rides, outing, going for walks, shopping eating at restaurants, swimming, coloring puzzles, weight blankets	
Dislikes: Being around people who make her feel unsafe, feeling anxious, not having needs/wants met	
Communication Style: non verbal facial expression, guiding to what she wants	
Learning Style: TBD - after QS meeting.	

Lead Review Completed: _____

Staff: Lindsay Carlson
Date: 12/31/24

Service Recipient: Katherine (Kay) Baker
Service Span: intake

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: dust, ragweed, elm tree, seasonal allergies Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: freqvent seizures - waiting on updated protocol
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: feeds herself but tendency to take too large of bites, verbal/physical prompts to slow down
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: autism, impulse disorder, epilepsy, hyperemetropia, constipation DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☒ Yes	Describe Supports: PRN - valtoco nasal spray Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: supervision in bathroom, staff assist w/ wiping if she allows - wiping after BM, verbal/physical prompts to wash hands
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: ambulates fine but risk of falling dve to seizure
Community Support: ☒ No ☐ Yes	Describe Supports: may wander off, keep within arm's distance near traffic ☒ 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: near sighted but doesnt wear glasses
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: history of physical aggression when upset/anxious, redirect w/ pref song (Barney), sensory activity, walk, quiet space, manipulatives/fidget, use first/then language
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to:	choices, talking to dad on phone everyday, independence, comm. wants/needs, feeling safe, routine
Important for:	hygiene, maintaining stable health, supervision, routine, sensory fix's, music
Likes:	sensory activities, van rides, outings, walks, shopping, eating at restaurants, swimming, coloring, puzzles, wt. blankets, barney, home alone, pushing carts, singing
Dislikes:	being around people who make her feel unsafe, feeling anxious, not having needs/wants met
Communication Style:	non-verbal, facial expressions, guding to wants
Learning Style:	TBD

Lead Review Completed: _____

Staff: Jessica Carlson

Date: 12/31/24

Service Recipient: Katherine (Kay) Baker

Service Span: Intake

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: Dust, ragweed, elm tree, seasonal allergies Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Frequent seizures - waiting for an updated seizure protocol; has rescue med
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Feeds herself but has a tendency to put too large bites into mouth; bite sized pieces; verbal/physical prompts to slow
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Autism, Impulse disorder, epilepsy, hypermetropia DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN - Valtoco nasal spray Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: needs supervision in bathroom, staff assist w/ wiping
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Ambulated fine but risk of falling due to seizure disorder
Community Support: ☒ No ☐ Yes	Describe Supports: May wonder off; keep within arm's distance ☒ 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: nearsighted but doesn't wear glasses
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: History of physical aggression when upset or anxious. Redirect w/ preferred song (Barney), sensory activity, walk, quiet space
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to: Choices, talking to dad on phone, independence, communicating wants/needs, feeling safe, routine	
Important for: Hygiene, maintaining stable health, supervision, routine	
Likes: sensory activities, van rides, cuttings, going for walks	
Dislikes: being around people who make her feel unsafe	
Communication Style: non-verbal, facial expressions	
Learning Style: TBD - after IS meeting	

Lead Review Completed: _____

Staff: Rene Schmidt
Date: 12/31/24

Service Recipient: Katherine Baker
Service Span: Intake

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: Dust, Ragweed Elm tree Seasonal allergies Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☐ N/A	Describe Supports: Frequent Seizures- waiting for an update seizure
Choking/ Specialized Diet: ☐ No ☐ Yes	Describe Supports: Feeds herself but has a tendency to put large bites Bite size Verbal/Physical prompt to slow down
Chronic Medical Conditions: ☐ No ☐ Yes ☐ N/A	List & Describe Supports: Autism, Impulse Disorder Epilepsy, Hypermetropia, Constipation DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☐ Yes	Describe Supports: PRN- valtaco nasal Spray Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☒ No ☐ Yes	Describe Supports: Need supervision in bathroom staff assist with Bm Verbal prompt to wash hands
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Ambulated fine but risk of falling due to seizure
Community Support: ☒ No ☐ Yes	Describe Supports: may wonder off Keep within arm distance ☒ 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: near sighted Does not wear glasses
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: History of physical aggression when upset or anxious redirect with preferred song barney sensory activity
Unsupervised time while at PAI? ☒ No ☐ Yes	
Important to:	Choices talking to her dad on Phone, everyday independence Communication wants/needs, feeling safe routine
Important for:	Hygiene, maintaining stable health, supervision routine music
Likes:	sensory activities van rides outings walks shopping eat at resturants swimming coloring puzzles weighted blankets pushing carts
Dislikes:	being around people who make her feel unsafe feeling anxious not having needs/want met
Communication Style:	non verbal, facial expression
Learning Style:	TBD after 45 day meeting

Lead Review Completed: _____

Staff: Nancy Snyder
Date: 12-31-24

PAI

Service Recipient: Kay Baker
Service Span: Intake

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: Dust, Ragweed, Elm tree, Seafood	Medication Allergies? ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☒ No ☐ Yes ☐ N/A	Describe Supports: Frequent seizures – waiting for an updated seizure protocol. Has rescue med	
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: Feeds herself, but takes large bites, bite size pieces verbal / physical prompts to slow down	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Autism, impulse disorder, epilepsy hypermetropia, constipation	DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: PRN - Veltco nasal spray	Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order* NOV
Personal Cares: ☒ No ☐ Yes	Describe Supports: Needs supervision in bathroom Assist w/ wiping after BM – Reminders to wash hands	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Risk of falling due to seizures	
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: ~~Needs~~ Nearsighted – NO glasses	
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: History of aggression, redirect w/ Barney song, walk quiet space	
Unsupervised time while at PAI? ☒ No ☐ Yes		
Important to:	Choices, talking to Dad, Independence, feeling safe routines	
Important for:	hygiene, stable health, supervision, routine, Music	
Likes:	Van rides, outings, singing, eating out, swimming Barney, singing	
Dislikes:	Being around people who make her feel unsafe	
Communication Style:	Non-verbal, facial expressions, guiding to what she wants	
Learning Style:	TBD after 45 day	

Lead Review Completed: _____