Staff: _Andrew Swearingen_   **PAI**   Service Recipient: _Robert Florian_

Date: _1-13-25_   Service Span: _Sept. 2024 - Sept 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* Allergic to fish + Augmentin. Seasonal allergies
Seizures: ☒ No ☐ Yes ☒ N/A	Describe Supports: no documented seizures
Choking/ Specialized Diet: ☒ No ☐ Yes	Describe Supports: will sit with him during meal times and offer hand over hand assistance if needed. Staff will visually watch chewing + swallowing after each bite.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency* mild Pulmonary Stenosis
Medication: ☒ No ☐ Yes	Describe Supports: Daily medication at PAI? ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order* Does not take any medication at PAI
Personal Cares: ☐ No ☐ Yes	Describe Supports: Staff assistance helps in all cares.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Offer an arm provide
Community Support: ☒ No ☐ Yes	Describe Supports: ☒ Staff will model pedestrian & stranger safety, provide transportation in the community, & provide supervision to meet health & safety needs Full staff support on outings. He will decide what he would like to do.
Sensory Support: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: monitor noise level throughout the day. Being over-stimulated he will bounce or rock back and forth. offer yoga ball.
Behavior Support: ☒ No ☐ Yes	List & Describe Supports: Prefers to have a manipulative/bounce on the yoga ball. He prefers to be around staff that knows him well.
Unsupervised Time: ☒ No ☐ Yes	Describe Supports: no unsupervised at PAI

Important to: Provide him with a calm environment, walk around for exercise, visiting with peers.

Important for: Encourage him to participate in groups/activities

Likes: music, Games, Bowling, Walking, Disney movies Fidgets, Horseback riding

Dislikes: Loud noises

Communication Style: Vocalization, facial expressions.

Learning Style: Model/offer direction when it comes to takes, skills Hand over hand.

Lead Review Completed: _____