



Competency Tracking Form

PAI Employment Services

Participant: Mam Jo Otten

Annual Service Span: Intake

Intake Meeting Date: 3/6/25 Date Assigned to Lead: _____

Competency Quiz Due for all Staff: 4/6/26

Documents Reviewed: ES SPA, 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
3/6/25	AR	Anneliese Robinson
3-10-25	ZW	Zach Weinmann
3/6/25	WC	William Casillas

Date Completed	Initials	Full Name

Date Uploaded to LMS: _____