



Competency Tracking Form

Participant: Justin Brown

Annual Service Span: 4/25-4/26

Annual Meeting Date: 4/14/25 Date Assigned to Lead: 5/8/25

Competency Quiz Due for all Staff: 5/15/25

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
5/13/25	JB	Lisa Bailey
5/13	JG	John Gebhardt
5/13	JJ	Julie Johnson
5-13-25	lml	Ilene Lubick
5/13/25	Bm	Brian Mattox
5/13/25	KM	Krista Mischnick
5/13/25	LO	Lateeph Onikoro
5-13-25	DR	Darlene Rice
5/13/25	RS	Renee Schmidt
5/13/25	NS	Nancy Snyder
5/13/25	RS	Renee Schmidt
5/13/25	AS	Andrea Swearingen
5/13/25	PA	Pa Vang
5/13/25	DT	Dave Turner

Date Completed	Initials	Full Name
		Keyla Balmaceda
5/13/25	NJ	Nick Johnson
5/13/25	CZ	Cody Zamora
5/13/25	cm	Christina Murray

Date Uploaded to LMS: _____

Participant's Name: Justin Brown

Service Span: 4/25-4/26

Justin will set a timer ^{daily} and wait until it is time.

Outcome #1: Getting to print out pictures at PAI is something Justin enjoys and looks forward to. Justin would

like to work on being more patient and waiting his turn for tasks like this.

Outcome #2: Two times a week Justin will have coffee with his program supervisor when time permits

Changes in Condition:

N/A

Level of Assistance - Personal Cares:

independent

Diet:

There are no dietary needs.

If Justin eats too much dairy he could develop stomach or bowel issues.

PRNs/Medications/Allergies/Protocols:

N/A

(None)

Level of Supervision:

Justin can have up to 15 minutes of alone time.

Preferences:

Prefers to spend time with his friends and girlfriend if the environment becomes too loud/chaotic he then prefers to spend time alone in the sensory room

Behavioral Supports:

Justin can recognize when he needs a break and can take them independently.

Participant's Name: Justin Brown

Service Span: 4/25-4/26

Question #1 (Cares):

True or False

Does Justin need help in the bathroom?

False

Question #2 (Diet):

Justin needs his food in bite size True

or False (False)

Question #3 (Communication/Learning Style):

(Verbal)

Question #4 (Preferences):

What is one of Justin's preferences?

- spend time with friends & girlfriend

Question #5 (Allergies/Protocols/PRN Medications):

Does Justin have a PRN

(NO)

Question #6 (Mobility):

Does Justin need help with his mobility?

NO

Question #7 (Other): _____