Competency Tracking Form

Participant: Andrew Flynn

Annual Service Span: December 2024 to December 2025

Annual Meeting Date: <u>12/3/2024</u>   **Date Assigned to Lead:** 12/3/2024

Competency Quiz Due for all Staff:_____

Documents Reviewed: <u>Support Plan Addendum, IAPP, SMA, and a One-Page Profile.</u>
*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		Date Completed	Initials	Full Name
1/7/25	LB	Lisa Bailey		1/7/25	PV	Pa Vang
1/7/25	JB	Julia Baker		1/7/25	JC	Jessica Carlson
1/7/25	JG	John Gebhardt		1-7-25	AS	Andrea
1/7/25	JJ	Julie Johnson				
1/7/25	ImL	Ilene Lubick				
1/7/25	BM	Brian Mattox				
7/7/	KM	Krista Mischnick				
1/15/25	Lo	Lateeph Onikoro				
1-7-25	DR	Darlene Rice				
1/7/25	RS	Renee Schmidt				
1/7/25	NS	Nancy Snyder				
LOA						

Date Uploaded to LMS: _____

Staff: Julie Johnson

Date: 1/7/25

PAH

Service Recipient: Andrew Flynn

Service Span: 12/2024 -- 12/2025

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: Seasonal notify his home if experiencing symptoms **Medication Allergies?** ☒ No ☐ Yes *Listed on MAR, only administer meds per dr. order*
Seizures: ☐ No ☐ Yes ☒ N/A	Describe Supports: NA
Choking/ **Specialized Diet:** ☒ No ☐ Yes	Describe Supports: Gluten free, may need assistance cutting up his food small bite sized pieces
Chronic Medical **Conditions:** ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Celiac disease - Andrew is to remain gluten-free while @ PAI **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: independent but needs verbal prompts
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: maybe unsteady, hilly, up or down curbs stairs or rough terrain
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: NA
Behavior Support: ☐ No ☒ Yes	List & Describe Supports:

Unsupervised time while at PAI?	☒ No ☐ Yes

Important to: follow routines, able to be active

Important for: to be independent, only consume food from home

Likes: having warm hands, pet therapy, and snacks

Dislikes: small dark spaces, low hanging branches or mazes

Communication Style: verbally with prompts, body language/gestures facial expressions

Learning Style: Simple verbal instructions, & modeling

Lead Review Completed: _____

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: Andrew has Seasonal Allergies. Andrew's seasonal Allergies are managed at home. **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: Andrew is on a gluten-free diet. Staff ensure that Andrew remains on his gluten-free diet while at PAI assistant cutting his food.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Andrew has a diagnosis of Celiac Disease. Staff ensure that Andrew remains on his gluten-free diet **DNR/DNI?** ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☐ No ☐ Yes	Describe Supports: while at PAI N/A **Daily medication at PAI?** ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☐ Yes	Describe Supports: Prompt him to go but is Independent
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: Andrew may be unsteady on hills and going up and down stairs without a hand rail. Staff offer hand to hand assistant
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: N/A
Behavior Support: ☐ No ☒ Yes	List & Describe Supports:

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: It's also important for him that he does not consume any food that contains gluten. It's important to Andrew that is able to be Independent

Important for: It's Important to Andrew that he is able to follow his Routine. It's also important to Andrew that he is able to be active

Likes: Having warm hands Pet Therapy and Snacks

Dislikes: Small dark places, low hanging branches.

Communication Style: Verbally with prompts, body language gestures facial expression

Learning Style: Simple verbal Instructions, & modeling.

Lead Review Completed: _____

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: seasonal allergies, notify home if he is experiencing symptoms 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: is on gluten free diet, staff ensure andrew remains on gluten-free diet while @ PAI. may need assist cutting his food into small bite sizes.
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: diagnosis of celiac diease. Staff will remain on his gluten free diet. @ PAI DNR/DNI? ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: per a signed Dr. signed Daily medication at PAI? ☐ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: prompt him to go but is independent.
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: may be unsteady on hills and going up and down without a rail. may offer assit.
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:
Behavior Support: ☐ No ☒ Yes	List & Describe Supports:

Unsupervised time while at PAI?   ☒ No ☐ Yes

Important to: He is allow to follow his rountine. He is able to be active.

Important for: to be independent, he does not consume any food that contain gluten.

Likes: having warm hands, pet therapy, snacks, sports/being active, running, bowling, having his chair.

Dislikes: does not like small, dark, closed spaces, does not like low hanging branches or mazes.

Communication Style: Verbally (with prompts, will often repeat), body language/ gestures, facial expressions, vocalizations

Learning Style: simple verbal instructions and modeling.

Lead Review Completed: _____

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: Seasonal	**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: gluten free Cut food up to bite size pieces	
Chronic Medical **Conditions:** ☐ No ☐ Yes ☐ N/A	List & Describe Supports: Celiac Disease gluten free diet	**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: Prompt tom to go but is independent	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: unsteady on hills up/down stairs w/o handrails Staff offer hand reminders to slow dow	
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:	
Behavior Support: ☐ No ☒ Yes	List & Describe Supports:	
Unsupervised Time: ☒ No ☐ Yes	Describe Supports:	

Important to: follow routine stay active

Important for: independence not to consume any food w

Likes: Pet therapy being active warm hands running bowl/sim

Dislikes: Dark places, low hanging branches

Communication Style: verbal body language vocalizations

Learning Style: Modling simpling instruction

Staff: DARLENE R.

Date: 1-8-25

PAI

Service Recipient: Andrew Flynn

Service Span: 12-24/12-25

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:** SEASONAL ALLERGIES MANAGED @ HOME

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:** Gluten FREE DIET
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	**List & Describe Supports:** CELIAC DISEASE

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 go to Restroom
Mobility/Fall Risk: ☒ No ☐ Yes	**Describe Supports:** Staff will offer hand - slow down
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:**
Behavior Support: ☐ No ☒ Yes	**List & Describe Supports:**

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: Routine - Be Active

Important for: Independent - no food with gluten

Likes: Warm Hands - Pet therapy - Sports

Dislikes: Small DARK SPACES - Low Hanging BRANCHES

Communication Style: Verbal - Body Language

Learning Style: Simple verbal instruction + modeling

Lead Review Completed: _____

Staff: Brian Mattox
Date: 1/7/25

PAI

Service Recipient: Andrew Flyam
Service Span: Dec 24 - Dec 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: Seasonal allergies are managed at home Program supervisor will notify his home if symptoms show up 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: Gluten-Free diet staff ensure food remains gluten free, may need help cutting food staff will makes sure food cut into the right size
Chronic Medical **Conditions:** ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Celiac Disease staff ensure food remains gluten free 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: Prompt him to go but is independent
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: may be unsteady on hills and going down and up stairs with out hand rail. staff offer hand to hand assistance and use verbally remind to slow down
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:
Behavior Support: ☐ No ☒ Yes	List & Describe Supports:

Unsupervised time while at PAI?   ☒ No ☐ Yes

Important to: Able to follow his routines and to be able to active

Important for: Independent and not to consume any foods that contain gluten

Likes: warm hands pet therapy snacks sports running bowling having his chair

Dislikes: small dark closed spaces and low hanging branches or mazes

Communication Style: Verbally (with prompts) body language/gestures, facial expressions, vocalizations

Learning Style: simple verbal instructions and modeling

Lead Review Completed: _____

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: Seasonal Allergies, The supervisor will call home if needed.	**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: Gluten Free Diet, Staff check his food at PAI.	
Chronic Medical **Conditions:** ☑ No ☐ Yes ☐ N/A	List & Describe Supports: Celiac Disease. Make sure he stays on a Gluten Free Diet	**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: Prompt him to go, but Independent.	
Mobility/Fall Risk: ☑ No ☐ Yes	Describe Supports: May be unsteady on hills, going up and down, stairs offer hand to hand assistance to him	
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:	
Behavior Support: ☐ No ☑ Yes	List & Describe Supports:	

Unsupervised time while at PAI? ☑ No ☐ Yes

Important to:
Important for:
Likes: Warm hands, pet therapy, snacks, being active, running bowling, having his own chair
Dislikes: Dark closed spaces, and low hanging branches Mazes,
Communication Style: Verbal with gestures, facial expressions Body language,
Learning Style: Simple verbals and modeling.

Lead Review Completed: _____

Staff: Ilene McLubick

Date: 1-7-25

PAI

Andrew Flynn

Service Recipient: _____

Service Span: Dec 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:** seasonly managed at home, program supervisor will notify home if appearing ___ **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:** Gluten Free diet, may need help cutting up food so it's easy to eat independently
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	**List & Describe Supports:** Celiac ensure he stays on gluten free **DNR/DNI?** ☑ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	**Describe Supports:** per signed dr. order **Daily medication at PAI?** ☑ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☑ Yes	**Describe Supports:** Prompt him to go but its independent
Mobility/Fall Risk: ☑ No ☐ Yes	**Describe Supports:** may be unsteady on hills and going up & down stairs w/o a hand rail, staff offer hand to hand pot, slow down
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:**
Behavior Support: ☐ No ☑ Yes	**List & Describe Supports:**

Unsupervised time while at PAI? ☑ No ☐ Yes

Important to: Follow routines. Be active

Important for: Be independent. Not to eat foods with gluten

Likes: warm hands, running doing his chair pet therapy, snacks, being active

Dislikes: Dark closed space, low hanging branches, ___

Communication Style: verbally with body language, will repeat

Learning Style: simple verbal instructions & modeling

Lead Review Completed: _____

Staff: Julia Baker
Date: 1/7/25

PAI

Service Recipient: Andrew Flynn
Service Span: 12'29 - 12'25

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:** has seasonal allergies (managed at home) Medication Allergies? ☑ No ☐ Yes *Listed on MAR, only administer meds per dr. order* The Program Supervisor will notify house as needed.
Seizures: ☐ No ☐ Yes ☑ N/A	**Describe Supports:**
Choking/ Specialized Diet: ☑ No ☐ Yes	**Describe Supports:** gluten free, consumes small bite sized pieces
Chronic Medical Conditions: ☑ No ☐ Yes ☐ N/A	**List & Describe Supports:** celiac disease DNR/DNI? ☑ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☑ No ☐ Yes	**Describe Supports:** need signed Dr's order Daily medication at PAI? ☑ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☑ Yes	**Describe Supports:** needs prompts but is independent
Mobility/Fall Risk: ☑ No ☐ Yes	**Describe Supports:** remind Andrew to slow down and offer arm
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:**
Behavior Support: ☐ No ☑ Yes	**List & Describe Supports:**

Unsupervised time while at PAI? ☑ No ☐ Yes

Important to: running and staying active

Important for: independence, avoiding foods w/ gluten

Likes: warm hands, pet therapy and snacks, sports/being active, running, bowling, his choir

Dislikes: small, dark, enclosed spaces, low hanging branches or vines

Communication Style: verbal prompts, body language/gestures, facial expressions, vocalizations

Learning Style: simple verbal instruction and modeling

Lead Review Completed: _____

Staff: Jessica Carlson   **PAT**   Service Recipient: Andrew Flynn

Date: 1/7/25   Service Span: 10/24 - 10/25

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: seasonal allergies; managed at home	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: gluten-free diet; may need assistance cutting up food, bite-sized piece)	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: celiac disease	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: prompt him to go but is independent	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: unsteady on hills, going up & down stairs; staff offer hand-to-hand assistance; verbal reminders to slow down if running too fast)	
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:	
Behavior Support: ☐ No ☒ Yes	List & Describe Supports:	

Unsupervised time while at PAI?   ☒ No ☐ Yes

Important to: routines, able to be active

Important for: independence, doesn't contain foods w/gluten

Likes: warm hands, being active, pet therapy, running, bowling

Dislikes: Dark, closed spaces, low hanging branches

Communication Style: verbal, body language, will often repeat

Learning Style: simple verbal instructions, modeling

Lead Review Completed: _____

Staff: Andrea Swearingen

Date: 1-7-25

PAI

Service Recipient: Andrew Flynn

Service Span: 12-24 - 12-25

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: Seasonal allergies.	**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: Gluten-free diet, assistance cutting up his food. cut into small bite size	
Chronic Medical Conditions: ☒ No ☐ Yes ☐ N/A	List & Describe Supports: Celiac Disease. Staff ensures that he remains on his gluten-free diet	**DNR/DNI?** ☒ No ☐ Yes *Located in main file, share with EMT in emergency*
Medication: ☒ No ☐ Yes	Describe Supports: Per a signed dr. order	**Daily medication at PAI?** ☒ No ☐ Yes *A trained staff will administer meds per a signed dr. order*
Personal Cares: ☐ No ☒ Yes	Describe Supports: Prompt him to go but is independent	
Mobility/Fall Risk: ☒ No ☐ Yes	Describe Supports: He may be unsteady. staff offer hand-to-hand assistance. Verbal remind	
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:	
Behavior Support: ☐ No ☒ Yes	List & Describe Supports:	

Unsupervised time while at PAI? ☒ No ☐ Yes

Important to: Follow his routines. And to be active.

Important for: To be independent.

Likes: Warm hands, Pet therapy, being active

Dislikes: Dark closed places, low hanging branches.

Communication Style: Verbal, ~~facial express~~

Learning Style: Simple verbal instructions

Lead Review Completed: _____

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: seasonal	**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: Gluten-free diet. bite sz pieces	
Chronic Medical Conditions: ☑No ☐ Yes ☐ N/A	List & Describe Supports: Celiac Disease, Gluten Free	**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: Prompts to so / independent	
Mobility/Fall Risk: ☑No ☐ Yes	Describe Supports: Staff offer assistance on stairs & hills verbal reminders to slow down	
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:	
Behavior Support: ☐ No ☑Yes	List & Describe Supports:	

Unsupervised time while at PAI?   ☑No ☐ Yes
Important to: Routines, being active
Important for: independent, No foods w/ Gluten
Likes: warm hands, pet therapy, running, bowling choice
Dislikes: Dark closed places, low hanging branches
Communication Style: Verbal, body language
Learning Style: Simple verbal instructions

Lead Review Completed: _____