



Competency Tracking Form

Participant: Brocke Shelstad Annual Service Span: 8/25-8/26

Annual Meeting Date: 8/18/25 Date Assigned to Lead: 8/25/25

Competency Quiz Due for all Staff: 9/4/25

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
	AA	Ann Alberg
	DB	Destiny Kriel
	AT	Abigail Thao
	MW	Mindi Winczewski
	NY	Nina Yang
	JK	Justyn Kriel
	SS	Shelley Stover
		Malissa McInnis
	MP	Monti Patrick
	TB	Thomas Bird
	MP	Michael Prinsley
	TM	Tom Mayo

Date Completed	Initials	Full Name
	FJ	Felicia Jensen
		Courtney Nuss
		Shontavia Gifford
		Carla Sykes
		Pamela Davis
		Austin Bofferding

Date Uploaded to LMS: _____

Participant's Name: Brooke Shelstad

Service Span: 8/25-8/26

Outcome #1: Once a week, Brooke will choose a staff to have lunch with,
100% of all trials until next review

Outcome #2: Brooke will check in with a staff of her choice on Fridays,
100% of all trials until next review.

Changes in Condition:

Level of Assistance - Personal Cares/Mobility/Transfers:

Brooke is independent in the restroom

Diet:

staff will assist Brooke in cutting up her meat as needed to reduce risk of choking.

PRNs/Medications/Allergies/Protocols:

Brooke does not take meds @ PA1,

Level of Supervision:

Brooke is always with staff while in the community

Communication/Learning Style/Preferences:

Brooke communicates verbally. Brooke prefers having control over her schedule,
being listened to / being understood, doing activities w/ others, staying up late /
sleeping in, a community job if / when available, not to be left alone if she is
Behavioral Supports: feeling upset or anxious

Participant's Name: Brooke Shelstad

Service Span: 8/25-8/26

Question #1 (Outcomes):

Question #2 (Diet):

Is Brooke on a Pureed diet Y or N

Question #3 (Personal Cares - Level of Assistance):

Brooke needs to use a Arjo in the restroom

Question #4 (Communication/Learning Style/Preferences):

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

Brooke takes a med at noon

Question #6 (Mobility/Transfers):

Does Brooke need to use the lift getting on/off the bus

Question #7 (Other - Level of Supervision/Behavioral Supports):



Competency Tracking Form

9/4/25

Participant: Sarah Paulsen Annual Service Span: 8/25-8/24

Annual Meeting Date: 8/18/25 Date Assigned to Lead: 8/18/25

Competency Quiz Due for all Staff: 8/27/25

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Date Uploaded to LMS: _____

Participant's Name: Sarah Paulsen

Service Span: 8/25/20/26

Outcome #1: Once a week, on Monday, Sarah will write her first & last name on a piece of paper, 60% of trials until next review.

Outcome #2: Daily, Sarah will follow her schedule in a timely manner, with two prompts or fewer, 60% of all trials until next review.

Changes in Condition:

Level of Assistance - Personal Cares:

Independence

Diet:

Bite sized pieces, needs ^{may} assistance ~~with~~ cutting up food, reminders to slow down

PRNs/Medications/Allergies/Protocols:

Glycopyrrolate & Lamictal, follow PAI's protocol, no meds @ PAI

Level of Supervision:

No alone time, with staff while in the community

Preferences:

given choices & have her choices respected, time to respond/process what is being said to her, following a routine/schedule on a daily basis, inform Sarah if there will be changes in the schedule ahead of time

Behavioral Supports:

If Sarah is upset or perseverating she can take a short break in the calming room

mobility: Sarah struggles with depth perception & balance, uses railings when available

Participant's Name: Sarah Poulsen

Service Span: 8/25-8/26

Question #1 (Cares):

Does Sarah need assistance in the restroom Y or N

Question #2 (Diet):

Question #3 (Communication/Learning Style):

Question #4 (Preferences):

Does Sarah prefer working? Y or N

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

Sarah has meds onsite? Y or N

Question #6 (Mobility):

Sarah uses a wheelchair?

Question #7 (Other):



Competency Tracking Form

9/4/25

Participant: Sara Grahn Annual Service Span: 8/25-8/26

Annual Meeting Date: 8/18/25 Date Assigned to Lead: 8/18/25

Competency Quiz Due for all Staff: 8/27/25

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Participant's Name: Sara Graham

Service Span: 8/25-8/26

Outcome #1: Daily, Sara will work on bringing only 1 bag with her things she needs to PA1, 60% of trials until next review

Outcome #2: Daily, at the end of lunch, Sara will check her locker and either place any perishable food items in the refrigerator, throw them away or put them in her lunch bag then put her lunch bag in the refrigerator until it is time to go home, 60% of trials until next review

Changes in Condition:

Level of Assistance - Personal Cares:

Independent

Diet:

none

PRNs/Medications/Allergies/Protocols:

Sara does not take meds at PA1

Level of Supervision:

Sara will be with staff at all times while in the community with the exception of using the restroom

Preferences:

Having control over her schedule, picking out her classes, trying different jobs onsite, finding a job in the community if she chooses, working over classes, taking a break to talk to a trusted staff when upset, staff providing positive feedback

Behavioral Supports:

Participant's Name: Sara Erahn

Service Span: 8/25-8/26

Question #1 (Cares):

Sara needs assistance in the restroom

Question #2 (Diet):

T or F - Sara cannot have caffeine

Question #3 (Communication/Learning Style):

Question #4 (Preferences):

Does Sara prefer classes over working T or F

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

Question #6 (Mobility):

Question #7 (Other):



Competency Tracking Form

Participant: Alyssa Saniti Annual Service Span: 8/25-8/26

Annual Meeting Date: 8/12/25 Date Assigned to Lead: 8/15/20

Competency Quiz Due for all Staff: 8/20/25

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Participant's Name: Alyssa Saniti

Service Span: 8/25-8/24

Outcome #1: Alyssa will practice having professional boundaries while ~~around~~ around her peers 80% of all trials

Outcome #2: Alyssa will keep her food and drinks to herself (not sharing) 60% of all trials

Changes in Condition:

None

Level of Assistance - Personal Cares:

None / independent

Diet:

encourage ~~at~~ healthy choices and help w/ portion control

PRNs/Medications/Allergies/Protocols:

No meds @ PAT, Migranes, Type 2 diabetes, deep vein thrombosis
Hx blood clots

Level of Supervision:

1:8 ratio, always w/ staff

Preferences:

control over schedule, separation from certain peers while working,
spoken to in private, group activities, space while working, choose seats

Behavioral Supports:

talk 1:1 while redirecting, self injurious behaviors, away pics @
skin

Participant's Name: Alyssa Searchi

Service Span: 8/25-8/26

Question #1 (Cares): Does Alyssa use a hoyer ~~to~~ while
using the restroom?

Question #2 (Diet): Does Alyssa make healthy choices when it comes to
portion control?

Question #3 (Communication/Learning Style):

Question #4 (Preferences): Does Alyssa prefer to be redirected in a
group or 1:1 setting?

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

Question #6 (Mobility):

Question #7 (Other): _____