



Competency Tracking Form

1/16/25

Participant: Shavine Durham Annual Service Span: 10/25-10/26

Annual Meeting Date: 1/16/25 Date Assigned to Lead: _____

Competency Quiz Due for all Staff: _____

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 |
|----------------|----------|---|
| | NA | Ann Alberg |
| | DB | Destiny Kriel |
| | AB | Abigail Thao Lorlie Bludorn |
| | ME | Mindi Winczewski |
| | NY | Nina Yang |
| | JK | Justyn Kriel |
| | SS | Shelley Stover |
| | MM | Malissa McInnis |
| | mp | Monti Patrick |
| | TB | Thomas Bird |
| M.P. | | Michael Prinsley |
| | TM | Tom Meyer |
| | | |
| | | |

| Date Completed | Initials | Full Name |
|----------------|----------|------------------------|
| | FJ | Felicia Jensen |
| | CM | Courtney MacTavish |
| | | |
| | | |
| | | |
| | | |
| | | |
| | DN | Dawn Nelson |
| | SG | Shontavia Gifford |
| | | Carla Sykes |
| | | Pamela Davis |
| | | Austin Bofferding |
| | | |
| | | |

Date Uploaded to LMS: _____

Participant's Name: Shawne Durham

Service Span: 10/25-10/26

Outcome #1: Daily, at the end of the day, Shawne will stay in her home until her bus arrives to pick her up, 60% of all trials until next review.

Outcome #2: Daily, Shawne will practice time management skills by being ready for her afternoon ride by 1:00 pm, 60% of all trials until next review.

Changes in Condition:

Level of Assistance - Personal Cares/Mobility/Transfers:

one person assist while Shawne uses the grabbar-utilized both manual/power wheelchair, staff will assist on/off the bus, must wear lap belt at all times and wear her chest strap while transport

Diet:

Bite sized pieces, staff will make sure food is cut up into bite sized pieces - offer her a sippy cup with a lid and straw for independence purposes

PRNs/Medications/Allergies/Protocols:

Diagnosed with Cerebral Palsy - has a history of seizures. No meds @ PAH

Level of Supervision:

Shawne is with staff while in the community

Communication/Learning Style/Preferences:

Shawne is verbal, learns best with verbal instructions paired with visual demonstration. Shawne prefers having control over her schedule, hearing staff explain things to her, being around people who aren't too loud, being included in making decisions that affect her.

Behavioral Supports:

Spending time around people who are positive.

→ Due to her CP, Shawne is not able to stand or conduct her personal cares independently

Participant's Name: Shaune Surham

Service Span: 10/25-10/26

Question #1 (Outcomes):

Question #2 (Diet): _____

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

Does Shaune use a ~~major~~ hooyer Y or N

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

Shaune uses ASL for her communication Y or N

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

Question #6 (Mobility/Transfers):

Shaune can transfer to the toilet with no staff T or F

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



Competency Tracking Form

11/6/25

Participant: Jenna Warren Annual Service Span: 10/25-10/26

Annual Meeting Date: 10/14/25 Date Assigned to Lead: _____

Competency Quiz Due for all Staff: _____

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 |
| | LB | Abigail Thao Lenie Bludorn |
| | MW | Mindi Winczewski |
| | NY | Nina Yang |
| | JK | Justyn Kriel |
| | VS | Shelley Stover |
| | MM | Malissa McInnis |
| | MP | Monti Patrick |
| | TB | Thomas Bird |
| | M.P | Michael Prinsley |
| | TM | Tom Meyer |
| | | |
| | | |

| Date Completed | Initials | Full Name |
|----------------|----------|------------------------|
| | FJ | Felicia Jensen |
| | CM | Courtney MacTavish |
| | | |
| | | |
| | | |
| | | |
| | | |
| | DN | Dawn Nelson |
| | SG | Shontavia Gifford |
| | | Carla Sykes |
| | | Pamela Davis |
| | | Austin Bofferding |
| | | |
| | | |

Date Uploaded to LMS: _____

Participant's Name: Jenna Warren

Service Span: 10/25-10/26

Outcome #1: Daily Jenna will wait for staff to walk w/ her to her next class or work 60% of all trials.

Outcome #2: Jenna will learn a fun fact about something of her choice using the iPad 60% of trials

Changes in Condition:

Level of Assistance - Personal Cares/Mobility/Transfers:

Walk w/ staff at all times

Diet:

Jenna is at risk of choking if she were to have a seizure while eating. Staff need to be w/ her.

PRNs/Medications/Allergies/Protocols:

See support plan Addendum for protocols

Level of Supervision:

Communication/Learning Style/Preferences:

Being independent, family, community job, continuing her education.

Behavioral Supports: Having control of her schedule, choosing which classes she would like to attend and will be offered subjects that fit skills and topics to an important ~~for~~ Jenna

Participant's Name: Jenna Warren

Service Span: 10/25-10/26

Question #1 (Outcomes):

True or False
Jenna call walk by her self during transitions.

Question #2 (Diet):

True or False
Jenna needs thick it in her beverages.

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

True or False.
Jenna uses a wacher

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

True or False
Being independent is important for Jenna?

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

~~PRN~~ ~~med~~ ~~allergy~~ ~~protocol~~
True or False - Jenna's magnet is located ^{plaid} ~~address~~ on her foot.

Question #6 (Mobility/Transfers):

True or False - Jenna needs stay to walk with her at all times?

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



Competency Tracking Form

11/6/25

Participant: Debt Howard Annual Service Span: 10/25-10/26

Annual Meeting Date: 10/23/25 Date Assigned to Lead: _____

Competency Quiz Due for all Staff: _____

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 |
| | LB | Leslie Bludorn |
| | WW | Mindi Winczewski |
| | NY | Nina Yang |
| | JK | Justyn Kriel |
| | S | Shelley Stover |
| | MM | Malissa McInnis |
| | MP | Monti Patrick |
| | TB | Thomas Bird |
| | M.P | Michael Prinsley |
| | TM | Tom Meyer |
| | | |
| | | |

| Date Completed | Initials | Full Name |
|----------------|----------|--------------------|
| | FJ | Felicia Jensen |
| | CM | Courtney MacTavish |
| | | |
| | | |
| | | |
| | | |
| | | |
| | DN | Dawn Nelson |
| | SG | Shontavia Gifford |
| | | Carla Sykes |
| | | Pamela Davis |
| | | Austin Bofferding |
| | | |
| | | |

Date Uploaded to LMS: _____

Participant's Name: Deb Howarth

Service Span: 10/25-10/26

Outcome #1: Every morning, Deb will independently take out her visual schedule and place the correct class/work to the right time in the day with 2 or less verbal prompts.

Outcome #2: Daily, Deb will work on activities to help exercise her memory.

Changes in Condition:

None

Level of Assistance - Personal Cares/Mobility/Transfers:

Deb uses a walker and has a gait belt. She is on the cares list.

Diet:

None

PRNs/Medications/Allergies/Protocols:

Deb is allergic to mold. Follow PA1's seizure protocol in the event of a seizure. Deb experiences petit mal seizures and manages it with medications at home.

Level of Supervision:

No alone time at PA1.

Communication/Learning Style/Preferences:

Communication style, she is verbal. She is a visual learner. She prefers to pick her own schedule and outing.

Behavioral Supports:

One on One with staff if upset.

Participant's Name: Deb Haworth

Service Span: 10/25-10/26

Question #1 (Outcomes):

Question #2 (Diet): Does she have any dietary needs?

A: No.

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

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

Is she a visual learner?

A: yes

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

Question #6 (Mobility/Transfers):

Does she use a walker?

A: yes

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



Competency Tracking Form

11/6/25

Participant: Jason Gysbers Annual Service Span: 10/25-10/26

Annual Meeting Date: _____ Date Assigned to Lead: _____

Competency Quiz Due for all Staff: _____

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 |
| | LB | Abigail Thao Leslie Bludorn |
| | MW | Mindi Winczewski |
| | NY | Nina Yang |
| | JK | Justyn Kriel |
| | LS | Shelley Stover |
| | MM | Malissa McInnis |
| | MP | Monti Patrick |
| | TB | Thomas Bird |
| | M.P | Michael Prinsley |
| | TM | Tom Meyer |
| | | |
| | | |

| Date Completed | Initials | Full Name |
|----------------|----------|------------------------|
| | FJ | Felicia Jensen |
| | CM | Courtney MacTavish |
| | | |
| | | |
| | | |
| | | |
| | | |
| | DN | Dawn Nelson |
| | SG | Shontavia Gifford |
| | | Carla Sykes |
| | | Pamela Davis |
| | | Austin Bofferding |
| | | |
| | | |

Date Uploaded to LMS: _____

Participant's Name: Jason Gysbers

Service Span: 10/25-10/26

Outcome #1: Report to the work floor in a timely manner for his scheduled hours. 80% of all trials.

Outcome #2: Will be respectful of CONVOS AROUND him & only provide input to the CONVO when appropriate. 60% of all trials.

Changes in Condition:

Level of Assistance - Personal Cares/Mobility/Transfers:

Diet:

1200 cal diet. Encourage making healthy food choices AND to eat in moderation.

PRNs/Medications/Allergies/Protocols:

Keppra. Absent seizures, last one 4/2021. prone to false reporting seizures. Call 911 & provide first aid as needed until help arrives, Notify residence & guardian.

Level of Supervision:

1:8

Communication/Learning Style/Preferences:

Control of schedule, included in decisions, staff being helpful & supportive. Positive people. When working - listen to music or watch a movie on iPad. Simple jobs. work over class.

Behavioral Supports:

CAN be verbally & physically aggressive when upset (not since 2016). Staff will put themselves between Jason and other person. Reclined to quiet area, give time to process, TALK 1:1.

Blood clots. Has one in right leg. HAS blood clot protocol - if showing symptoms call 911 immediately. Notify residence & guardian.

Participant's Name: Jason Gysbers

Service Span: 10/25-10/26

Question #1 (Outcomes):

Question #2 (Diet): What is his diet? 1800 cal.

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

Does he need help in the bathroom? No.

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

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

What med is he allergic to? Keppra.

Question #6 (Mobility/Transfers):

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

