



Competency Tracking Form Linden Site

Participant: Sam Slagerman Annual Service Span: 11/25 to 11/26

Annual Meeting Date: 11/13/2025 Date Assigned to Lead: 11/13/2025

Quiz Due: 11/19/2025

Documents Reviewed: Support Plan Addendum, IAPP, SMA, One-Page Profile, Outcomes.

*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
11/19/25	KA	Kai Hugh Alang
11/19/25	BG	Grace Bi
11/19/25	AC	Alice Cox
11/19/25	MG	Monica Green
11/19	KH	Kaitlyn Heddle
11/19	IG	Olayinka Ige
11/19	SN	Shu Ngwa
11/19	JO	Jessica Omundson
11/21/25	CR	Colette Rice
11-19-25	ES	Erin Sandstrom
11-19-25	LS	Laura Stacken
11/24/25		Mao Thao

Date Completed	Initials	Full Name
11/19/25		One kudadjie
		Leslie Bludorn
		Cindy Brey
		Kennedy Smith
		Ricquia England
11/19/25	JG	Jaime Gese

Date Uploaded to LMS: _____

Staff Name: Laura Stacken

Participant's Name: Sam Slagerman

Service Span: Nov 25 - Nov 26

Question #1 (Outcomes):

Offered iPad & headphones & choose a tv show

Question #2 (Level of Assistance, Personal Cares, Mobility/Transfers,):

Assist staff in gathering supplies

Question #3 (Diet):

~~mana~~ Purree Prepared from home sent to PAI
w/Sam water via B-tube, no liquids via oral

Question #4 (PRN's, Medications/Allergies/Protocols):

No Meds, water flushes only via G-tube

Question #5: (Communication/Learning Style/Preferences):

Facial expression, will make indications when
in discomfort, gestures

Question #6 (Other-Level of Supervision/Behavioral Supports):

He will express his dislikes & likes & will
use gestures



Competency Tracking Form Linden Site

Participant: Tasha Pohl Annual Service Span: 10/25 to 10/26

Annual Meeting Date: 11/10/2025 Date Assigned to Lead: 11/12/2025

Quiz Due: 11/19/2025

Documents Reviewed: Support Plan Addendum, IAPP, SMA, One-Page Profile, Outcomes.

*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
11/19/25	KA	Kai Hugh Alang
11-19/25	BC	Grace Bi
11-19-25	AC	Alice Cox
11-19-25	MG	Monica Green
11/19	KH	Kaitlyn Heddle
11/19	IG	Olayinka Ige
11/19	SN	Shu Ngwa
11/19	JO	Jessica Omundson
11/21/25	CR	Colette Rice
11-19-25	ES	Erin Sandstrom
11-19-25	LS	Laura Stacken
11/24/25	MT	Mao Thao

Date Completed	Initials	Full Name
		One Kudodjie
11/19/25		Print
		Leslie Bludorn
		Cindy Brey
		Kennedy Smith
		Ricquia England
11/19/25	JG	Jaime Gese

Date Uploaded to LMS: _____

Staff Name: ~~Theresa~~ Laura Stacker

Participant's Name: Tasha Pohl

Service Span: Oct 25 - Oct 26

Question #1 (Outcomes):

- 1 Choose between 2 options presented to her
- 2 Tasha will assist in gathering materials once a week in activities

Question #2 (Level of Assistance, Personal Cares, Mobility/Transfers,):

Full cares w/ track system, wheelchair for mobility

Always supervised

Question #3 (Diet):

Nickel size pieces to prevent choking

Question #4 (PRN's, Medications/Allergies/Protocols):

No meds @ PAI, No known allergies

Question #5: (Communication/Learning Style/Preferences):

She: Verbal understands yes/no questions

Question #6 (Other-Level of Supervision/Behavioral Supports):

gets upset when being ignored, causing her to hit her wheelchair.