



# Competency Tracking Form

11/8/26

Participant: Alvaro Campos Annual Service Span: 12/25-12/26

Annual Meeting Date: Date Assigned to Lead: 1/5/26

Competency Quiz Due for all Staff: 1/14/25

**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
	DK	Destiny Kriel
	TM	Tom Meyer
	MW	Mindi Winczewski
	NY	Nina Yang
	JK	Justyn Kriel
	SS	Shelley Stover
	MM	Malissa McInnis
	MP	Monti Patrick
	MP	Michael Prinsley
	LB	Leslie Bludorn
	JS	Jan Smallidge

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

Date Uploaded to LMS: \_\_\_\_\_



Participant's Name: Alvaro Campos

Service Span: 12/25-12/26

Outcome #1: Once a week he will learn one new word in English 100% of trials.

Outcome #2: While on the workforce he will stay engaged in his work 100% of trials.

Changes in Condition:

\_\_\_\_\_

\_\_\_\_\_

Level of Assistance - Personal Cares/Mobility/Transfers:

incl.

\_\_\_\_\_

\_\_\_\_\_

Diet:

Help cut food if needed.

\_\_\_\_\_

\_\_\_\_\_

PRNs/Medications/Allergies/Protocols:

Epilepsy - PAI protocol & call 911, notify parents.

\_\_\_\_\_

\_\_\_\_\_

Level of Supervision:

1:8

\_\_\_\_\_

\_\_\_\_\_

Communication/Learning Style/Preferences:

First language is Spanish. Use visuals if needed. Phone translator if needed. Knows some English.

\_\_\_\_\_

\_\_\_\_\_

Behavioral Supports:

\_\_\_\_\_

\_\_\_\_\_

Participant's Name: Alvaro Campos

Service Span: 12/25-12/26

Question #1 (Outcomes):  
\_\_\_\_\_  
\_\_\_\_\_

Question #2 (Diet): Does he have A diet? No  
help out if needed.

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

Question #4 (Communication/Learning Style/Preferences):  
How CAN we help Alvaro w/ communicating?  
use VISUALS, phone interpreter

Question #5 (PRNs/Medications/Allergies/Protocols):  
what protocols do we follow for Alvaro?  
PAI seizure protocol & call 911 & parents.

Question #6 (Mobility/Transfers):  
\_\_\_\_\_  
\_\_\_\_\_

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



# Competency Tracking Form

1/8/26

Participant: Hanna Johnson Annual Service Span: 12/2025-12/2026

Annual Meeting Date: 12/08/2025 Date Assigned to Lead: 12/15/2025

Competency Quiz Due for all Staff: 01/05/2025

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
	DIC	Destiny Kriel
	TM	Tom Meyer
	MW	Mindi Winczewski
	NY	Nina Yang
	JK	Justyn Kriel
	SS	Shelley Stover
	nm	Malissa McInnis
	mp	Monti Patrick
		<del>Thomas Bird</del>
	Wm	Michael Prinsley
	ten	Tom Meyer
	LB	Leslie Bludorn
	JS	Jan Smallidge

Date Completed	Initials	Full Name
	FJ	Felicia Jensen
	cm	Courtney MacTavish
	DN	Dawn Nelson
		Shontavia Gifford
		Pamela Davis
		Austin Bofferding

Date Uploaded to LMS: \_\_\_\_\_



Participant's Name: Hanna Johnson

Service Span: 12/25-12/26

Question #1 (Outcomes):

---

---

Question #2 (Diet):

Hanna cannot have shellfish? T or F

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

Hanna needs staff with her in the restrooms? Y or N

---

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

Is Hanna nonverbal? Y or N.

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

Hanna takes a seizure med at PAM T or F

---

Question #6 (Mobility/Transfers):

---

---

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

---

---

**Participant's Name:** Hanna Johnson

**Service Span:** 12/25-12/26

**Outcome #1:** Hanna will have professional boundaries with her peers, 80% of all trials until next review.

**Outcome #2:** While on the work floor, Hanna will continue working without any disruptions, 60% of all trials until next review.

**Changes in Condition:**

\_\_\_\_\_

\_\_\_\_\_

**Level of Assistance - Personal Cares/Mobility/Transfers:**

Hanna is independent in the restroom.

\_\_\_\_\_

**Diet:**

N/A

\_\_\_\_\_

**PRNs/Medications/Allergies/Protocols:**

Allergic to Ciprofloxacin & Cephalixin, experiences seasonal allergies, long haired animals. No meds @ PAI

\_\_\_\_\_

**Level of Supervision:**

With staff while in the community.

\_\_\_\_\_

**Communication/Learning Style/Preferences:**

Hanna communicates verbally and learns best with verbal directions and modeling. Hanna prefers having staff explain things to her, being around people who are not being too loud, quiet environment, having a routine

**Behavioral Supports:** and consistency in her day.

Hanna has a tendency of ripping/cutting her clothing and tying knots into her shoelaces (which may be when Hanna wants extra attention from her mom. Hanna has ropes to keep her hands and fingers busy. If staff observe Hanna ripping or mutilating her clothing, they will prompt Hanna to take out her small ropes and begin making knots. If staff cannot redirect Hanna they will inform Hanna's mom of the behavior observed.