Competency Tracking Form
Oakdale

Participant: Chanel Anderson **Annual Service Span:** 02.26 – 02.27

Annual Meeting Date: 02.25.2026 **Date Assigned to Lead:** 02.26.2026

Quiz Due: 03.03.2026

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
3/3/26	DD	Dorcas Donkor
3-3-26	LB	Charlique Beckom
3/3/26	AC	Alexis Constantine
3/3/26	IC	Isabel Cox
3/3/26	Pd	Paris Dyer
3-3-26	TG	Trey Gould
3-3-26	LH	Lisa Hartman
3/3/26	BB	Brenda Bunch
		Maxine Moving
03-03-26	JB	Julie Borgan
03/03/26	SW	Shianne Wilson
3/3/26	HY	Hlee Xiong
03/03/26	ER	Elizabeth Rypa

Date Completed	Initials	Full Name
		Cindy Brey
3/3/26	JG	Jaime Gese
3/3/26	BB	Brendan Berry
	KS	Kennedy Smith

Date Uploaded to LMS: _____

Participant's Name: Chanel Anderson **Service Span:** 2/26 - 2/27

Outcome #1: 1x week, Chanel will visit another program room.

DNR/DNI: Circle one YES (NO)

Personal Cares/Mobility: Wears briefs, 1 person lift onto the mat table
Uses manual wheelchair with staff assistance for maneuvering

Diet: Food is pureed + sent from home sits in wheelchair & tray uses spouted sports bottle to drink + mother cove plastic spoon

PRNs/Medications/Allergies: Chanel does not take medication at PAI Allergies/ ~~sensitivit~~
Sensitivities: bananas, apple juice, tomato products, eggs MSG

Seizure/Protocols: Averages 1 seizure per year - may make loud vocalization at onset, may experience stiffening (body/esp. arms) and stare if seizure lasts longer than 5 mts or she is in respiratory distress 911 will be called

Communication/Learning Style: Vocalizations, eye gazing, picture/object choice
Makes: pushing away or throwing items, she does not want
1 step verbal direction + physical/gestural cues
she understands

Preferences: to have personal space, opportunities to engage in activities & others prefer people who are positive, Know her + her communication style to support her in activities, trying new things + socialization

Level of Supervision: 100% supervision (total)

Behavioral Supports: S:B: hand mouthing, hair pulling physical: grabbing at others, spitting verbal/emotional: loud vocalizations - check for unmet needs + support as needed - redirect & ~~preferred~~ preferred activities or provide personal space

Likes: Music therapy/Pet therapy, 1:1 activities, Como Zoo + Conservatory
Shopping @ Walmart

Dislikes: Sitting in 1 place for too long, having sensory overload from peer vocalizations + loud music, too many people in her space

List 2 things you know about individual that's not in the plan:

(1) loves to knock things onto floor :) → (2) loves to hear loud noises from things dropping onto the floor

(2.5) has a good sense of humor