

## Part V. Plan for Supports

Provider: Therapy Associates Service: Speech Therapy

<u>Outcome #</u>	<u>Important TO Me</u>  List the support activities for each desired outcome	<u>Support Instructions</u>  Describe how supports need to be tailored to the individual's preferences and profile.	How often or by when?	How Long?
<b>9</b> <b>Mary uses her "Say-it" switch or other device to share her preferences.</b>	Support identifying, obtaining and learning to use her "Say-it" switch, developing protocols and providing staff training and support.	<ul style="list-style-type: none"> <li>- complete observations necessary to determine DSP training needs related to communication device.</li> <li>- identify assistive equipment helpful for Mary</li> <li>- develop and train staff on plan for use and proper teaching methods specific to Mary.</li> <li>- review and modify plans and protocols as needed.</li> <li>- plans/protocols encompass Mary's specific health needs during the course of therapy including: osteoporosis, seizures, Dysphagia, communication and behavioral support needs.</li> <li>- provide ongoing physical support and modeling to DSPs as needed during services to best ensure success in therapy</li> </ul>	<i>weekly</i>	<i>1 hour</i>
<u>Outcome #</u>	<u>Important FOR Me</u>  List the support activities for each desired outcome	<u>Support Instructions</u>  Describe how supports need to be tailored to the individual's preferences and profile.	How often or by when?	How Long?
N/A				

Individual: \_\_\_\_\_ (Mary Simms's Mark) \_\_\_\_\_ Date: 7/12/09

Representative: Monica Simms \_\_\_\_\_ Date: 7/12/09

Provider: Lisa Crane M.A., P.T., CCC-SLP \_\_\_\_\_ Date: 7/12/09

**General Schedule of Supports**      **Provider: Therapy Associates Service: Therapeutic Consultation**

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
	4-5 <i>Say-it Switch</i>					

Comments: Services provided in Mary's home.

Total hours or units per week: 2 total hours

Total weekly periodic support hours: 0

## Support Log

Date	Details
8/4/09 Outcomes 9	<p><b>Weekly summary:</b> This week Mary participated in an evaluation for her “Say-It” switch. Through the evaluation, I easily determined that she has the ability to utilize the switch to indicate choice. She demonstrated the ability to grasp a similar device with gentle guided support. She responded correctly indicating yes and no answers to simple questions such as “Is your name Mary?” Mary responded “yes” when asked if she liked therapy. The Say-It switch paperwork was completed and faxed to the vendor today. It will be shipped to Mary’s home address. An in-service for direct support professionals will occur next week to convey care, maintenance and use of the device. I was able to identify repeatedly that Mary turns her head down and away when frustrated and completed a <b>Communication Chart entry dated 8/4/09</b> that will be provided to the DSPs for reference. <i>Lisa Crane, M.A., P.T., CCC-SLP 8/4/09</i></p>
8/11/09 Outcomes 9	<p><b>Weekly summary:</b> This week, Mary and her DSPs from Meadow Glen met to review recent additions to her support plan. Mary and I demonstrated how Mary can hold the Say-It switch and use her hand to control the device. I was able to model how support is best provided to Mary and how they should respond when Mary becomes frustrated. Questions were clarified and all reported understanding new procedures. I will follow Mary’s use of the Say-It switch for two additional weeks. If success is noted, her plan will be modified to discontinue speech therapy. Mary appeared to enjoy the meeting smiling and vocalizing frequently. I completed a <b>Learning Log dated 8/11/09</b> to detail and learn from the training session. <i>Lisa Crane, M.A., P.T., CCC-SLP 8/4/09</i></p>

## Communication Chart

Date and Signature	What's happening (or just happened)?	<u>Mary</u> does this...	We think it means...	And others should...
8/4/09 Outcome 9  Lisa Crane, M.A., P.T., CCC-SLP	Mary drops her "Say-It" switch more than one time.	Mary turns her head down and looks away.	She has become frustrated with practicing using the switch.	Others should remove the switch from Mary's field of view and let her know she can practice later when she wants to practice.

## Learning Log

Date and Signature	What did the person do? (what, where, when, how long?)	Who was there? (name of people supporting the person, friends and others)	What did you learn about what worked well? What did the person like about the activity? What needs to stay the same?	What did you learn about what didn't work? What did the person not like about the activity? What needs to be different?
8/11/09 Outcome 9  Lisa Crane, M.A., P.T., CCC-SLP	Mary participated in her DSP in-service for speech therapy.	Mary Lisa Crane Marty Lowe, DSP Sharon Irving, DSP Evelyn James, DSP	It helped to have snacks and coffee for a few minutes before the training. Mary seemed comfortable with the informal atmosphere and everyone sitting in a circle. She liked helping demonstrate how she could use her device with support.	It did not help having Mary's housemates there during the training. This frequently caused a response from multiple DSPs who left the room or made phone calls. In the future, it will be important to schedule the trainings at the home when her housemates are not there. In addition, establishing training ground rules may help improve the learning environment.

## Person-Centered Review (PCR)

Provider: Therapy Associates Service: Speech Therapy

Purpose of review: 1<sup>st</sup> , 2<sup>nd</sup> , 3<sup>rd</sup> , 4<sup>th</sup> , Update

Outcome #	Desired outcomes (Important TO)	Describe progress toward each outcome. (Include new learning, barriers, successes and relevant medical information in each instance)	Start/End	Condition (Check all that apply)
9	Mary uses her “Say-it” switch or other device to share her preferences.	Mary was evaluated at the beginning of the quarter and was found to be eligible for her Say-It switch as expected. It was ordered and arrived in 2 weeks. All DSPs at Meadow Glen received documented training and an in-service on how to best support Mary with using the switch to communicate her choices. This outcome has been achieved and will now be implemented by family and the residential provider on a daily basis. Two additional weeks of monitoring and support needed at the time of this review.	8/1/09 to 12/1/09	<input checked="" type="checkbox"/> Progress <input checked="" type="checkbox"/> Continued <input type="checkbox"/> Ended
Outcome #	Desired outcomes (Important FOR)	Describe progress toward each outcome. (Include new learning, barriers, successes and relevant medical information in each instance)	Start/End	Condition (Check all that apply)
N/A				
Outcome #	Additional desired outcomes	Describe the expected benefits of this change as Important TO or Important FOR the individual.	Start/End	How often or by when?

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**Please describe any significant events not reported above:**

**Describe the individual's satisfaction with supports:** Mary's mother/guardian, Monica Simms, states that she has been very pleased with the services and supports Mary received through Speech Therapy. I will follow Mary's use of the Say-It switch for two additional weeks. If success is noted, her plan will be modified to discontinue speech therapy.

**Is an ISAR included with this update to reflect changes in support hours?**

Yes, because hours are changing     Not needed: no change in support hours

Individual: \_\_\_\_\_ (Mary Simms's Mark) \_\_\_\_\_ Date: 10/24/09

Representative: Monica Simms \_\_\_\_\_ Date: 10/24/09

Provider/Agency: Lisa Crane, M.A., P.T., CCC-SLP \_\_\_\_\_ Date: 10/24/09

Outcome changes approved by Support Coordinator:

<u>Jennifer Jones, SC</u>	<u>10/31/09</u>
Support Coordinator	Date