

Individual Support Plan

Part I. Essential Information

Required: <i>Any format accessible for individual planning and review. An Essential Information long form containing all elements is available for use..</i>	Location in Record : <i>Indicate where to locate information in a paper record or use own cover/table of contents or electronic record.</i>
Contact Information	
Emergency Contacts/Representation	
Psychological/Developmental Evaluation	
Current Level of Functioning Survey	
Support Coordination and Provider Contacts	
Communication and Sensory Support	
Adaptive Equipment, Assistive Technology and Modifications	
Health, Medications, Physicals	
Summary of Social/Developmental/ Behavioral/Family History	
Summary of Employment and Educational Background	
Exceptional Support Needs/ Risk Assessment (SIS Section IV)	
Ability to Access Services and Supports	
Legal, Financial and Advocacy Issues	
Back-up and/or Discharge Plan	
Personal Profile/Planning Meeting/Plans for Support	

This ISP belongs to: _____ ID# _____ ISP Start: _____ End: _____

Part II. Personal Profile

A Good Life: *What does a good life look like to me?*

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Talents, Strengths and Contributions: *What are my gifts and talents? What do people who know and care about me say about my strengths? How do I contribute to friends, family and my community?*

Home	
What's working? <i>Things I would like to stay the same</i>	What's not working? <i>Things I would like to see changed</i>
Home	
Routines	
Independence	
Privacy	
Safety at home	

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Community and Interests	
What's working? <i>Things I would like to stay the same</i>	What's not working? <i>Things I would like to see changed</i>
Neighborhood	
Inclusion in community	
Safety in my community	
Things I enjoy/hobbies	
Relationships	
What's working? <i>Things I would like to stay the same</i>	What's not working? <i>Things I would like to see changed</i>
Family and friends	
Being understood by others	
Qualities of those who support me	
Culture, traditions	
Spirituality, religion	
Work and Alternates to Work	
What's working? <i>Things I would like to stay the same</i>	What's not working? <i>Things I would like to see changed</i>
Days	
Evenings	
Weekends	

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Learning & Other Pursuits	
What's working? <i>Things I would like to stay the same</i>	What's not working? <i>Things I would like to see changed</i>
New abilities/accomplishments	
New experiences	
Money	
What's working? <i>Things I would like to stay the same</i>	What's not working? <i>Things I would like to see changed</i>
Money and finances	
Personal control	
Transportation and Travel	
What's working? <i>Things I would like to stay the same</i>	What's not working? <i>Things I would like to see changed</i>
Transportation	
Travel	
Health and Safety	
What's working? <i>Things I would like to stay the same</i>	What's not working? <i>Things I would like to see changed</i>
Foods, cooking, meals and supplements	
Exercise and movement	
Medications and wellness	
Overall wellness	

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Part IV. Agreements

Individual - Does my plan match...?			
what makes me happy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	what I need to be safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
my dreams?	<input type="checkbox"/> Yes <input type="checkbox"/> No	how I contribute?	<input type="checkbox"/> Yes <input type="checkbox"/> No
being with people that I like?	<input type="checkbox"/> Yes <input type="checkbox"/> No	new things I want to learn?	<input type="checkbox"/> Yes <input type="checkbox"/> No
where & how I want to live?	<input type="checkbox"/> Yes <input type="checkbox"/> No	my work dreams?	<input type="checkbox"/> Yes <input type="checkbox"/> No
things I like to do?	<input type="checkbox"/> Yes <input type="checkbox"/> No	the support that I need?	<input type="checkbox"/> Yes <input type="checkbox"/> No
how I want to travel?	<input type="checkbox"/> Yes <input type="checkbox"/> No	people who support me?	<input type="checkbox"/> Yes <input type="checkbox"/> No
how I want to handle my money?	<input type="checkbox"/> Yes <input type="checkbox"/> No	how I describe a good life?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If the answer is “no” to any of these questions, go back to that part of the profile and consider again. Please describe the reason for any questions above remaining “no” at the end of the meeting and any plan to resolve.</p>			
Team			
Are there any unfinished tasks from my plan that are not yet completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does any team member have an objection to any outcomes in my plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any outcomes that are in conflict with what’s most important to me?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do I need financial planning or benefits counseling in order to maintain or maximize resources?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any conflicts in my plan that create a health and safety concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any IMPORTANT TO or IMPORTANT FOR information elsewhere (such as in the SIS or PCT TOOLS) that are not addressed in my plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Please describe the reason for any questions above being marked “yes” and any plan to resolve.</p>			

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