**Overall**

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Yes** | **No**  | **Strength or Opportunity for Improvement (OFI) needed:** |
| 1. Is the plan respectful?
 |  |  |  |
| 1. Do you have the impression that you have met the person?
 |  |  |  |
| 1. Does it use everyday language?
 |  |  |  |

**Intro/ Home**

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Yes** | **No**  | **Strength or OFI needed:** |
| 1. Is the introduction positive and personalized?
 |  |  |  |
| 1. Is the introduction free from items that would only be addressed for people with disabilities? Or Faint praise?
 |  |  |  |
| 1. Does it include items that are “important to” the person?
 |  |  |  |
| 1. Does it include enough detail for readers to know what the "important to" is? (e.g., what they put in their coffee and when they drink it?)
 |  |  |  |
| 1. Does it say anything about the rhythm or pace of life the person prefers) (e.g., slow to start in morning or wants to be on the go)
 |  |  |  |
| 1. Does the description of home life include mornings, evenings and weekends?
 |  |  |  |
| 1. Is the type of staff to best support the person described?
 |  |  |  |
| 1. Does it address opportunities for involvement in their community?
 |  |  |  |
| 1. Are any restrictions approved by human rights committee noted in the plan?
 |  |  |  |
| 1. If there is an HRC restriction, is there evidence of a fading plan?
 |  |  |  |
| 1. Does the “important for” area include items the staff need to DO to support the person for each barrier or skill that needs to be learned? (not just provide information)
 |  |  |  |
| 1. If alone time is included, does it address ways to be safe?
 |  |  |  |

**Day**

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Yes** | **No**  | **Strength or OFI needed:** |
| 1. Does it include items that are “important to” the person?
 |  |  |  |
| 1. Does it include enough detail for readers to know what the “important to” is? (e.g., where they like to go and what they do there?
 |  |  |  |
| 1. Does it say anything about the rhythm or pace of life the person prefers) (e.g., likes to go out for 2-3 hours, return home for a while or be on the go all day)
 |  |  |  |
| 1. Is the type of staff to best support the person described?
 |  |  |  |
| 1. Are any restrictions approved by human rights committee noted in ISP?
 |  |  |  |
| 1. If there are HRC restrictions, is there evidence of a fading plan noted in the ISP?
 |  |  |  |
| 1. Does the “important for” area include items the staff need to DO to support the person for each barrier or skill that needs to be learned? (not just provide information)
 |  |  |  |
| 1. If alone time is included, does it address ways to be safe?
 |  |  |  |
| 1. Does it address work/volunteer activities? Or what is happening to get the person advancing towards work?
 |  |  |  |
| 1. Does it address opportunities for involvement in their community?
 |  |  |  |

**Relationships**

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Yes** | **No**  | **Strength or OFI needed:** |
| 1. Does the plan include people that are “important to” the person?
 |  |  |  |
| 1. Is the person’s desire for relationships addressed? (more contact with family, more friends, less contact, etc.)
 |  |  |  |
| 1. Does the plan address how contact is made with friends and family? (phone, Facebook, email, in person, etc.}
 |  |  |  |
| 1. Are there any natural supports included? If yes, is the relationship contacts described? (go to movies, go to church, etc.)
 |  |  |  |
| 1. If the person wants more relationships, is there an idea of how to develop them?
 |  |  |  |

**Chronic medical conditions**

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Yes** | **No**  | **Strength or OFI needed:** |
| 1. Are all diagnoses pertinent to current needs?
 |  |  |  |
| 1. Is there an explanation of supports for each diagnosis? (sees doctor, monitor for seizures, what a crisis looks like for mental health)
 |  |  |  |
| 1. Do allergies include possible reactions and what to do?
 |  |  |  |
| 1. If there is a family history of a health problem? Is it addressed? How does this affect or how may it affect this person in the future?
 |  |  |  |
| 1. Does it address how the person makes medical decisions? (might be in decision-making section)
 |  |  |  |
| 1. Does it address the level of involvement the person desires? (makes own appointments, self-administers meds, signs in at appointments, etc.)
 |  |  |  |

**Mealtime**

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Yes** | **No**  | **Strength or OFI needed:** |
| 1. Are favorite foods addressed?
 |  |  |  |
| 1. Are foods that are highly disliked addressed?
 |  |  |  |
| 1. Does it include enough detail for readers to know what the “important to” is? (big breakfast, special occasion meals, food preparation)
 |  |  |  |
| 1. Is the “important for” addressed? (possible choking/aspiration/special diets, etc.)
 |  |  |  |
| 1. Does it address how involved the person wants to be in meal planning and preparation?
 |  |  |  |
| 1. Does the “important for” area include items the staff need to DO to support the person for each barrier or skill that needs to be learned? (not just provide information)
 |  |  |  |

**Vision Statement**

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Yes** | **No**  | **Strength or OFI needed:** |
| 1. Does the vision statement tie back to “important to”/”important for” items in earlier sections in ISP?
 |  |  |  |
| 1. Can the vision be accomplished in 1-2 years?
 |  |  |  |
| 1. Is there evidence that Person Outcomes measures were used?
 |  |  |  |

**Personal Funds Management**

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Yes** | **No**  | **Strength or OFI needed:** |
| 1. Does the plan address the access to personal spending?
 |  |  |  |
| 1. Does the person have an open bank account in their name?
 |  |  |  |
| 1. Does it address what is “important to” the person in regard to money management? (include possible exploitation, health or safety problems)
 |  |  |  |
| 1. Does it address person’s desired level of money management?
 |  |  |  |
| 1. Does it address how to help the person become more involved, if so desired?
 |  |  |  |
| 1. Does the “important for” area include items the staff need to DO to support the person for each barrier or skill that needs to be learned? (not just provide information)
 |  |  |  |
| 1. If there is a restitution agreement, is there evidence it was approved by the Human Rights Committee (HRC)?
 |  |  |  |

**Decision Making and Rights**

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Yes** | **No**  | **Strength or OFI needed:** |
| 1. Is the level of supports needed to make decisions discussed?
 |  |  |  |
| 1. Is the need for conservatorship, advocate or other legal representatives discussed?
 |  |  |  |
| 1. Is the “type” of conservatorship addressed? (financial, medical, etc.)
 |  |  |  |
| 1. If there are rights restrictions, is there evidence that the HRC is involved? (Include discussing person’s involvement, such as attending HRC meeting.)
 |  |  |  |
| 1. Is there evidence that rights have been discussed with the person? (Include how the person is supported with learning about and exercising their rights)
 |  |  |  |
| 1. Does the “important for” area include items the staff need to DO to support the person for each barrier or skill that needs to be learned? (not just provide information)
 |  |  |  |

**Communication**

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Yes** | **No**  | **Strength or OFI needed:** |
| 1. Does the plan describe how the person communicates their wants and needs?
 |  |  |  |
| 1. Does the “important for” area include items the staff need to DO to support the person for each barrier or skill that needs to be learned? (not just provide information)
 |  |  |  |
| 1. If the Person Centered Practices (PCP) Tool, “Communication Chart” is used, does it clearly indicate environmental triggers? (Column 1)
 |  |  |  |
| 1. If the PCP tool, “Communication Chart” is used, does it clearly define what the person is doing? (Column 2)
 |  |  |  |
| 1. If the PCP tool, “Communication Chart” is used, does it clearly define what we think the communication means (Column 3)
 |  |  |  |
| 1. If the PCP tool, “Communication Chart” is used, does it clearly indicate the actions to be taken by supporters? (Column 4)
 |  |  |  |

**Outcomes and Actions**

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Yes** | **No**  | **Strength or OFI needed:** |
| 1. Are the outcomes/implementation strategies and actions clearly tied to the vision statement?
 |  |  |  |
| 1. Does the outcome show what the person will do, what support is needed and the level of performance (action steps)?
 |  |  |  |
| 1. Are the outcomes measurable, focused on something “important to” the person and demonstrate learning?
 |  |  |  |
| 1. Do the implementation strategies show a connection to the outcomes and action steps?
 |  |  |  |
| 1. Does the plan avoid action steps that just require attendance?
 |  |  |  |
| 1. Are there skills being learned?
 |  |  |  |

**Follow up if needed:**

|  |  |  |
| --- | --- | --- |
| Date | Type of Contact | Results |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Type: FF = Face to Face; HV = Home Visit TC =Telephone Call; ML= Mailed Letter or Information; FL= Faxed Letter or Information; EM = E-mail; MISC = Miscellaneous