

Adult Sample Forms

sam•ple *Noun.* a portion or piece that is representative of a whole

This packet includes adult sample versions of the following **9.9.09** ISP forms:

- Personal Focus Worksheet (PFW)
- Risk Tracking Record Cover Sheet
- Risk Tracking Record (RTR)
- Aspiration Protocol
- ISP Meeting Agenda
- Individual Support Plan (ISP)
- Change Form with new Action Plan

Section I

Describes what is **important to** John from his/her perspective

1. Describe the relationships in John’s life:

“Mom” (John likes spending time with his mom, Nancy. He likes to go to her house on some weekends, usually 2x a month. They go to movies and visit other family. John will let you know if he wants to talk about the weekend.)

“Papa” (John calls his dad, Mark, on the phone whenever he wants. He loves him very much and tells people this regularly. He talks a lot about his papa. John sees Mark about every other month; he lives in Chehalis, WA and travels a lot.)

“You know—those people” (John doesn’t like people to rush him or push him out of their way; he calls them ‘those people.’)

“Kevin” or “Pea” (These are John’s nephews, Kevin and Peter. He calls Peter, Pea.)

Fran is John’s sister (mother of Kevin & Pea).

John likes people who have a good sense of humor and that help him when doing daily routines such as brushing his teeth or making his lunch. At work, he likes people who make the work fun. He enjoys working with people who have a good sense of humor and like their “leg pulled”—as he put it.

John has a few friends from high school that he still keeps in touch with, usually an occasional letter but mostly by phone calls. John has his friend’s phone numbers in his ‘personal’ book.

Agenda question: *Are there any relationships that should be developed or changed?*

N/A

2. Describe what John enjoys and list his/her interests:

- “Kitchen” (John likes to make his own lunch and help make dinner)
- “Movies” (John likes going to movies but not too scary. He reads reviews with his mom and that helps him figure out which ones he wants to go to.)
- “Hulk Hogan” (John likes to watch WWE wrestling. He has a ‘trophy’ belt that he displays in his bedroom and shows anyone who comes into his room.)
- John’s favorite lunch is peanut butter and jelly on raisin bread.
- John really likes to play games in the dining room on the large table.
- John loves corndogs. (John likes hotdogs, too)
- John likes going places with his nephews (Kevin and Pea). He likes to play video games and just joke around with them.
- “Walk” (John walks to the neighbor’s mailbox, about 50 yards, without staff assistance daily.)
- “Mailer” (John likes to tri-fold and stuff envelopes)
- John likes making outlet boxes and shredding.
- John’s favorite holiday is Christmas. He likes to decorate his house and pretend to be Santa Claus.

Agenda question: *Which of these interests are not happening as much as John would like? From the team’s perspective, which of these interests, if any, need to be limited?*

John does not make his own dinner ever, he just helps prep right now.

John would prefer to only do jobs he liked and was good at.

3. Describe what John dislikes:

“You know—those people” (John doesn’t like people to rush him or push him out of their way.)
“Chicken” (John doesn’t like chicken unless ground because he has a hard time chewing it.)
“Table” (John doesn’t like cleaning tables. He’s indicated he did this so much as the school for the blind that he’s “over it”.)
John doesn’t like his salt restricted diet.
John doesn’t like it when there is no raisin bread.
“Joseph” (John doesn’t like when people he loves die. Joseph was a friend of his that died when he was 20. He cries when he misses them.)
John doesn’t like people talking to him like a child or have his head touched. (He may be short but he likes to be treated like an adult.)
John does not like people talking critical about wrestling.

Agenda question: *Which of these dislikes needs to be explored, changed or stopped?*

- John would not like to be offered chicken as a dish at home.
- John does not like his salt restriction. We notice that during dinner, he will ask for the saltshaker even though he has a salt-substitute on the table.
- Something to explore: Modeling how John can joke around without going too far (he sometimes yells)

4. Describe what John wants to accomplish in the future:

- “Hula” (John wants to go to Hawaii as often as possible. He’s talked about moving there.)
- John likes to travel and has mentioned many places in the US that he would like to go. He doesn’t mention particular places but goes to the map and points out places.
- John likes to work and wants to make sure he always has something to do.
- John talks about living with a roommate in town.

Agenda question: *What steps could be taken over the next ISP period to move toward these goals?*

- It would be nice if we knew where John wanted to travel and begin planning on a place, depending on the budget.
- Job assessments or job opportunities that John may really enjoy, that are social jobs, could be looked into because it has been a few years since his other job experiences. John could be a great asset to a business in Springfield.

5. List and describe what is most important to John from his/her perspective:

The answer to this question must be transferred directly to the ISP.

- "Mom" (John likes spending time with his mom, Nancy.)
- "Papa" (John sees his dad, Mark, about every other month; he lives in Chehalis, WA and travels a lot.)
- "You know—those people" (John doesn't like people to rush him or push him out of their way; he calls them 'those people'.)
- "Hulk Hogan" (John likes to watch WWE Wrestling. He has a 'trophy' belt that he displays in his room and shows anyone who comes into his room.)
- "Work" (John has said that he likes working with people who understand him. He seems to really enjoy working. Mailers are his favorite job.)
- "Talking" (John like talking with people he knows. He likes to joke around.)
- "Walking to mail box" (John likes walking alone to the neighbors' mailbox. He can do this independently.)
- "Hula" (John loves taking vacations in Hawaii. He has family there.)
- John likes to talk about sentimental events in his life; he likes quality time to talk about this.

Agenda question: *What is most important to John that is not happening or needs to be strengthened?*

- John says he wish he worked where people did not scare him.
- John would love to meet Hulk Hogan.
- John wants to make sure he can walk to the mailbox without staff watching him.
- John wants to make sure he always goes to Hawaii at least once a year.

Section II

Describes what is **happening** in John's life from anyone's perspective

6. Describe what people like and admire about John:

John is very funny and has a great laugh. He has a great sense of humor and can make people laugh (regularly). He is very pleasant to be around and people want to hang out with him He is easy to talk with and engages in good conversation (even though he uses few words).

"Cheese" (John says this with a big smile and wants you to smile while joking around with him.)

John has a positive outlook on life and likes to talk about it. He shows pictures from his life and family photos. He really helps a person feel better when they are down; he will always put a bright spin on any situation or just give you his big smile (with his head to the side). John really knows what he likes and will not let people talk him into anything he doesn't want to be talked into. This is both at home and at work.

Others really admire John for his relationship with his whole family. He makes a point to call or write (with assistance) his mom, dad (papa) and his sister. At work, if they are around, they may just stop in to see him. Everyone likes seeing

his family and they are great about showing up at break or lunch time, so it's easy for others to socialize with them as well.

At home, he has an amazing WWE wrestling collection.

Agenda question: *Could any of these qualities be strengthened?*

N/A

7. Describe how John interacts socially with others:

John interacts with others very well at home and at work. He has many interests and finds people who have those interests. He went to the School for the Blind and learned a lot about interacting with others.

John will scream if one of "those people" get too close and he gets scared. This happens at home or work but not as often around town (most often at work). When he's in town, he typically stays close to someone he knows (usually staff). These people are identified in the staff log at work. When John was 21, someone at work pushed him and he fell over; this was very scary for John.

John is very social, likes parties but needs to know the place he is going or go with someone he likes. Parties that aren't too loud are better for John. At work, he really enjoys any holiday party. He will help with the ideas for the party and tell co-workers daily until the party.

Staff need to know that when parties are scheduled that people are notified only 1 week ahead of time, so John's coworkers do not get annoyed with him talking about it daily. From previous incident reports, nine days was the smallest number of days when others became disruptive about the constant talking about the party. Most events at work, Q Services, or PDQ Residential Services are consistent year to year.

John says he has enough friends. People like to be around him, so that helps. He does get sad when a friend disappoints him, cancels something, or stops calling. Friends are important but when he needs to vent, he stays up late and talks with staff. His family is very active in community activities and he knows a lot of people.

At work, he may just sit there when out of work but sometimes, he will bang on the table and says things like 'work, work' or 'come on'. It works best for staff to know how much work he has and regularly check his work. If he's in a joking mood, he may take someone else's work to get them to tell his supervisor that he did it. If he is not feeling well, he will just sit there but it does take him longer to do his work.

Agenda question: *Does anything about John's social interactions need to change or be enhanced?*

To ensure John's safety, practicing with John when walking around other, waiting sometimes, and being aware of others in the room/area. Currently, this happens but should happen more often to ensure John is safe and is not afraid.

John's work supervisor need to support him to have work. John could improve on informing his supervisors when he needs more work and not wait for the rotation of the production line.

8. Describe any of John’s spiritual, religious, and/or cultural considerations:

- “Church” (John goes to United Methodist Church on 12th Street. He has gone there for 10 years. He likes to take cookies on special occasions.)
- “Sher-Sher” (The minister at his church is named Sherman and John jokes with him and calls him ‘Sher-Sher’—sounds like ‘sure-sure’)
- John’s family went to a Lutheran church while he grew up. His family says they are just glad he enjoys going to church. Also, they know he has friends from the United Methodist Church and are glad he has friends there.
- John likes to spend time in his room thinking about his life. He doesn’t like to be interrupted and will tell you to go away if you come to his room during those times.

Agenda question: *Are there any spiritual, religious, or cultural considerations that need to change or be enhanced?*

John may enjoy going to evening church services.

9. Describe John’s living arrangements:

John lives at 1863 Lynn Street. He lives with 4 other men. He says he likes his housemates. John does not like it when people are too loud. There are a few things about his morning routine that are pretty consistent each day.

He likes to brush his teeth after he eats. Even though his bedroom is downstairs, he likes to use the main floor bathroom sink to brush his teeth. When he gets home from work, he makes his lunch for the next day. He always chooses what he wants for lunch but it is usually peanut butter and jelly on raisin bread. He does choose other things but not very often. John asks for help when he needs it in the kitchen. He learned a lot about using kitchen utensils at the school for the blind.

John is very social, so he likes to chitchat with anyone at the house. Sometimes, he needs reminders if he is interrupting a conversation. John initiates games and other activities by either taking someone to the game or bringing to the table if he can carry it.

John helps out around the house. He likes to help in the kitchen and he likes keeping a clean house. His favorite chore is dusting. He usually likes to do dusting on Saturday morning twice a month. He doesn’t really like vacuuming; he says it’s too loud.

When John wants to call any family member, he asks for help to make sure he dials the number correctly from his book. He keeps a ‘personal’ book with important numbers and key information for John. He will show it to staff when he wants to.

John has a walking stick but doesn’t use it. When staff suggest he uses his walking stick, he raises his voice and tells the person to shut up.

Agenda question: *Is there anything about John’s living arrangements that needs to change or be enhanced?*

- ❖ John could be more independent if he used his walking stick.
- ❖ Staff need to know that he can dial his phone but someone wants to use the kitchen phone, which is a bit harder for him, and he likes someone to watch him and make sure he pushed the correct numbers.
- ❖ John could make his own dinner.

10. Describe John’s employment/alternative to employment program/school:

John works in a sheltered workshop. He has been asked about other work and tried some assessment sites. He says “scared” or “hurt” when talking about those sites and “safe” with the workshop. He is very scared to receive a blow to his chest and know staffs are aware of it and help him.

He needs contrasting colors at his workstation because he is legally blind. This means if the job has mostly white products like mailer or t-shirts, the background or table needs to be black. A piece of big, black paper will work to tape to the table; there are some tables that have the contrasting color that he sometimes likes to work on.

When getting up and down a lot, this means either John isn’t feeling well or he doesn’t like the job. His supervisor needs to simply ask him which one it is. He will be honest. He will say, “no like” or “not well.”

John needs assistance coming into the building, usually a housemate walks him in. When walking, it needs to be slow, not rushed, and talk with about what is around –colored lines or bumps in the walkway.

Money doesn’t seem to be the best motivator. Doing a good job with people he likes seems to be the best motivator for good quality work. Jobs that require very good fine motor skills aren’t the best. Always try them but work very closely with him. He loves doing mailers. They need either an ‘X’ written on them where the label goes or use a fixture for those types of envelopes. There are fixtures for tri-folding papers, too. He has been doing mailers for 10 years and is very familiar with this job and says he really likes it.

John sits with various people during lunch. He is friends with some coworkers outside of work. He talks about all the fun stuff he does in his life with the people he likes. When using the vending machine, John needs some assistance (read his Financial Plan for specifics).

Agenda question: *Is there anything about John’s employment/ATE program/school that needs to change or be enhanced?*

- ❖ John could work for a business that participate in “First Thursday;” he’s so social and he talks about going and seeing lots of people.
- ❖ John may like a volunteer position. John’s safety concerns have to be addressed with whatever job or volunteer position is found.
- ❖ At work, new fixtures may need to be created or purchased when he’s trying a new job.

11. Describe how John communicates and the supports he/she needs with communication:

When something is bothering John, he will wait to be alone with his favorite staff (usually). He stays up late to talk with staff sometimes.

John typically communicates using single words but does use simple sentences, too. He is very patient with others to figure out what he means. He will continue using different words to help others understand him. He uses some phrases regularly and over time will expect people to understand those phrases such as "those people" or "cheese". Home and work keep a separate 'familiar phrase' sheet and what they mean; this is added upon as needed.

John will yell when he is afraid. He gets scared when people rush by him. He usually stops walking and yells. He may back up against a wall if he knows one is there. He has scared others in the past with his yelling.

John has an expressive face; staff who work with him say it's easy to know what he means. When he is joking around, he will have a big smile and laugh a lot; when he is sick, he will not smile, joke and usually puts his head down.

Agenda question: *Are there any supports that could change or be enhanced that would improve John's ability to communicate with others?*

Currently, home and work have different 'familiar phrases' sheet and do not always communicate about new words added.

Section III

Describes what is **important for** John from the perspective of those who know and care about John

12. Describe what is needed for John to be healthy and safe?

John is legally blind and needs some guidance especially when near curbs. When he goes to familiar places, he is fairly independent; he will ask for help when he needs it. When he's at an unfamiliar place, he wants to hold hands with someone to make sure he doesn't trip on anything. He does great with just verbal cues about the environment in all situations.

John has a low-salt diet because he is beginning to get arthritis in his angles. At work, John needs help picking certain items out of the vending machine. Even with a low-salt diet, he is allowed to have anything from the work vending machine. Due to short stature and heart issue, his doctor doesn't want John to gain weight. He has a low-fat diet

John has no issues with going to the doctor. He's had the same doctor since he was a child.

John cannot receive a blow to his chest because of heart surgery. Everyone who works closely with him needs to know

this; John will tell people. It's important if he is working with equipment at work that he has supervision to assure he uses it correctly. In the past, he used the mop incorrectly and it fell on him, scaring him. (He doesn't like mopping at work since then.)

John eats slowly and knows what foods are easy for him to chew or not easy for him to chew. He doesn't like eating chicken unless ground or cut into dime sized pieces. His doctor didn't order a chopped diet because John already cuts his food to correct size.

John tends to be cautious trying new foods. He has never choked.

Agenda question: *Does anything about these supports need to change or be enhanced?*

N/A

13. Describe any supports John needs to participate in activities that are important to John:

John needs extra time to do any of his favorite activities at home or work. When planning activities, it is very important to know the timeframes, so there is no rush and others don't rush him by pushing him. Also, if extra time isn't possible, staff need to not seem rushed, so that others do not push or shove John.

John only needs additional support when near a curb or yellow lines. His mother told his team that yellow lines seem like a black hole. His depth perception is very weak. John needs a stool to get into any vehicle other than a car. He refuses to use his walking stick.

At work, fixtures are needed on many jobs. The fixtures are labeled with the jobs. They need to be laminated, so that if, for example, a label is put on and it is partially on the fixture that it can be easily removed.

John carries a wallet but do not buy an expensive one because he seems to lose it regularly. He carries a homemade ID and keeps his real one in his bank bag for when he travels outside of the city. His mom says that he's always had an issue about losing his wallet.

When doing something new, it works best for John to be able to touch the job or activity or hear a detailed description of the job. John needs support when doing something new. It is usually watching to assure he is doing it right. Once he has something down, he tends to do it correctly from then on such as washing a table or doing laundry.

Agenda question: *Does anything about these supports needs to change or be enhanced?*

When doing new jobs, staff are not always using the fixture with John on the first day.

Section IV

Describes what would **enhance** John’s life from anyone’s perspective

All answers below must be transferred directly to the ISP Meeting Agenda.

14. What could improve John’s ability to be independent?

If John used his walking stick, he could go more places independently at home, work, or around town.

John could be more independent at work if new jobs had specific fixtures for him. Make sure work that takes precision (good eyesight) has a fixture. With fixtures, he can touch and know how to complete his work. Usually showing him once and watching a second time is all it takes for John to ‘get it.’

John could be more independent on the computer if he had a magnifier on the screen. John has just begun to show interest but no specific programs have been requested. He is just trying different ones using the IntellieKeys at work. He has played some games at home.

To be more independent with mobility, John needs good, solid railings to go up stairs without assistance. At work, an extra bar by the back door could be helpful so John would not always need assistance to come in that door.

15. How could John be more involved in activities or events in his/her community?

- John could be more involved in community activities if:
 - He attended a church group
 - Joined garden club
 - Joined other groups he’s interested in

16. What would improve John’s ability to increase his/her income?

John could increase his income if he had a steadier job. (John is a very dependable worker. He has many skills to work in town rather than the workshop. He is afraid to do this but if the right fit is found, he could be very successful and an asset to any company. John would need adaptive equipment for many jobs.)

John might be able to increase his income through assuring he has the correct benefits. Benefits counseling would be important to know about his social security money and subsidies reported. His team doesn’t know if this has ever been done.

17. What would improve John’s ability to contribute to his/her household and/or community?

John could contribute more to his community if he participated in his churches evening activities.

18. What does John want to learn?

- John wants to learn any job that involved working with other people. He doesn't like working alone.
- John said he would like to learn all different aspects of assembling clocks and making the "doctors" pens (for any office in town).
- John wants to help interview new staff at home and at work.

19. What does John need to learn?

- John needs to learn to communicate respectfully with coworkers.
- Nancy feels that John should learn about his budgeting, so he can have a more active role with his money.

Section V

Describes any conflict between **important to** and **important for** John from anyone's perspective

All answer below must be transferred directly to the ISP Meeting Agenda.

20. Describe any areas of conflict between health and safety supports and what is important to John.

Nancy tries to have him use his walking stick but John really does not want to. He says he prefers holding someone's hand when on unsteady surface.

John doesn't like chicken but it is on the menu sometimes; he'd prefer not to ever eat it.

John loves corndogs but he has a low salt and low fat diet.

PFW Updates Page for John Smith

*Use this page to update any information in this PFW. Follow team agreements for communicating new information to other team members. **Sign and date each entry.** Incorporate any updates into next year's PFW, as needed.*

Question 14: The safety rails by the back door were installed on 12/1/09. Laney Jansen 12/1/09

For question 3, John doesn't seem to like Nabisco's Nilla Wafers. He spit them out during lunch when someone gave him one. Mark Lang 12/16/09

SAMPLE FOR TRAINING

Sample—Risk Tracking Record Cover Sheet Signatures and Updates

Person Receiving Services: John Smith

| Date | Name | Relationship to | Signature |
|-----------|----------------|------------------------|-----------------------|
| 9/19/2009 | Michelle Manor | House Manager | <i>Michelle Manor</i> |
| 9/19/2009 | Ingrid Moore | Employment Coordinator | <i>Ingrid Moore</i> |
| | | | |
| | | | |
| | | | |
| | | | |

RTR Updates:

| | | | |
|---|--|---|--|
| Date of update: | | Date of update: | |
| Updated with changes to question number(s): | | Updated with changes to question number(s): | |
| Notes: | | Notes: | |
| Signatures of person(s) completing update: | | Signatures of person(s) completing update: | |
| | | | |
| | | | |

**Complete this form when reviewing the RTR every year at the Pre-Meeting. Keep the RTR current at all times.
Record any changes made throughout the year in the RTR Updates boxes. An additional RTR Updates page is available.
Remember to also complete an ISP Change Form if any risks change mid-year. See ISP manual for more details.**

Risk Tracking Record

| This section of the RTR looks at indicators related to this person's risk of Aspiration/Choking . | | |
|---|-------------------------------------|-------------------------------------|
| Questions | Yes | No |
| 1. Does this person have a diagnosis of dysphagia, or has this person been identified to be at risk for aspiration by a Physician, Speech/Language Pathologist, or Occupational Therapist? If Yes , add risk of Aspiration to ISP. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Does someone else put food, fluids, or medications into this person's mouth? If Yes , add risk of Aspiration to ISP. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Does this person cough or choke while eating or drinking (more than occasionally)? If Yes , add risk of Aspiration to ISP. Requires a current evaluation to determine risk of aspiration (see the ISP manual). | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Has this person been diagnosed with gastroesophageal reflux (GER)? If Yes , add risk of Aspiration to ISP. Requires a current evaluation to determine risk of aspiration (see the ISP manual). | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Does this person complain of chest pain, heartburn, or have small frequent vomiting (especially after meals) or unusual burping (happens frequently or sounds wet)? If Yes , add risk of Aspiration to ISP. Requires a current evaluation to determine risk of aspiration (see the ISP manual). | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Does this person have a feeding tube? If Yes , add risk of Aspiration to ISP. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Does food or fluid regularly fall out of this person's mouth? If Yes , add risk of Aspiration to ISP. Requires a current evaluation to determine risk of aspiration (see the ISP manual). | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Does this person drool excessively? If Yes , add risk of Aspiration to ISP. Requires a current evaluation to determine risk of aspiration (see the ISP manual). | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Does this person have chronic chest congestion, pneumonia in the last year, rattling when breathing, and persistent cough or frequent use of cough/asthma medication? If Yes , add risk of Aspiration to ISP. Requires a current evaluation to determine risk of aspiration (see the ISP manual). | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

| Aspiration/Choking Questions, continued | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 10. Does this person regularly refuse food or liquid (or refuse certain food/liquid textures)? If Yes , add risk of Aspiration to ISP. Requires a current evaluation to determine risk of aspiration (see the ISP manual). | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Does this person need his/her fluids thickened and/or food texture modified? If Yes , add risk of Aspiration to ISP. Requires a current evaluation to determine risk of aspiration (see the ISP manual). | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Does this person eat or drink too rapidly? If Yes , add risks of Aspiration and Choking to the ISP. Requires a current evaluation to determine risk of aspiration (see the ISP manual). | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Does this person stuff food into his/her mouth? If Yes , add risk of Choking to the ISP. Requires a current evaluation to determine if the person is also at risk of aspiration (see the ISP manual). | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14. Does this person have extreme food seeking behavior? If Yes , add risk of Extreme Food Seeking Behavior to the ISP. Requires a current evaluation to determine risks of aspiration and choking (see the ISP manual). | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. Does this person have extreme liquid seeking behavior? If Yes , add risk of Extreme Liquid Seeking Behavior to the ISP. Requires a current evaluation to determine risks of aspiration and choking (see the ISP manual). | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Record any notes related to Aspiration/Choking questions: Even though John's evaluation shows no dysphagia or risk of aspiration, his team feels that the support document assures his safety and doesn't interfere with anything important to him. M. Manor 9/19/09 | | |

| This section of the RTR looks at indicators related to this person’s risk of Dehydration . | | |
|---|--------------------------|-------------------------------------|
| Questions | Yes | No |
| 16. Does this person regularly refuse fluids? If Yes , add risk of Dehydration to the ISP. Requires a current evaluation to determine risk of dehydration due to dysphagia (see the ISP manual). | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. Does fluid regularly fall out of this person’s mouth? If Yes , add risk of Dehydration to the ISP. Requires a current evaluation to determine risk of dehydration due to dysphagia (see the ISP manual). | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18. Does this person need to have his/her fluids thickened? If Yes , add risk of Dehydration to the ISP. Requires a current evaluation to determine risk of dehydration due to dysphagia (see the ISP manual). | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 19. Does this person regularly cough or choke while drinking? If Yes , add risk of Dehydration to the ISP. Requires a current evaluation to determine risk of dehydration due to dysphagia (see the ISP manual). | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 20. Does this person drool excessively? If Yes , add risk of Dehydration to the ISP. Requires a current evaluation to determine risk of dehydration due to dysphagia (see the ISP manual). | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 21. Does this person have chronic chest congestion, pneumonia in the last year, rattling when breathing, and persistent cough or frequent use of cough/asthma medication? If Yes , add risk of Dehydration to the ISP. Requires a current evaluation to determine risk of dehydration due to dysphagia (see the ISP manual). | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 22. Does someone else put fluids into this person’s mouth? If Yes , add risk of Dehydration to the ISP. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Questions continue on next page

| Dehydration Questions, continued | Yes | No |
|---|--------------------------|-------------------------------------|
| 23. Does this person need to ask for or routinely require assistance to get something to drink? If Yes , add risk of <i>Dehydration</i> to the ISP. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 24. Has this person required intravenous (IV) fluids due to dehydration in the past year? If Yes , add risk of <i>Dehydration</i> to the ISP. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Record any notes related to **Dehydration** questions:

(This area is currently blank for notes.)

Record any oral motor skills evaluations that were completed for the **Aspiration/Choking** or **Dehydration** sections:

Evaluation type: Oral Motor Skills Eval Date of evaluation: 5/23/2003 Document location: Medical—archive/perm file

Evaluation type: _____ Date of evaluation: _____ Document location: _____

| This section of the RTR looks at indicators related to this person’s risk of Constipation . | | |
|--|--------------------------|-------------------------------------|
| Questions | Yes | No |
| 25. Does this person take routine bowel medications for constipation or has this person received prn medications for constipation more than two times a month within the past year (do not include fiber)? If Yes , add risk of Constipation to the ISP. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 26. Has this person required a suppository or enema for constipation within the past year? If Yes , add risk of Constipation to the ISP. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 27. Does this person take a medication that causes constipation and this person would not recognize or communicate if he/she were constipated? If Yes , add risk of Constipation to the ISP. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 28. Has this person had more than one episode of complaining of pain when moving his/her bowels, more than one episode of hard or small BMs, or more than one episode of extremely large and hard BMs within the past year? If Yes , add risk of Constipation to the ISP. Requires a consultation with physician to determine risk of constipation, unless risk has been previously identified by question 25, 26, or 27. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Record any notes related to Constipation questions: | | |
| Record any consultation with physician that occurred for the Constipation section: Physician name: _____ Date of consultation: _____ Document location: _____ | | |

| This section of the RTR looks at indicators related to this person’s risk of Seizures . | | | |
|--|--------------------------|-------------------------------------|--------------------------|
| Questions | Yes | No | History |
| 29. Does the person have a diagnosis of seizures or epilepsy? See ISP manual for an exception. If Yes , add risk of Seizures to the ISP. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 30. Does this person take medication for seizures? If Yes , add risk of Seizures to the ISP. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 31. Has this person’s seizure medication, type or dosage, been changed in the past six months? If Yes , add risk of Seizures to the ISP. The Seizure protocol(s) must address safety precautions such as water, bicycle use, safety equipment, etc. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 32. Has this person had a seizure in the past year? If Yes , add risk of Seizures to the ISP. The Seizure protocol(s) must address safety precautions such as water, bicycle use, safety equipment, etc. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 33. Has this person had a seizure in the past five years? If Yes , add risk of Seizures to the ISP. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Record any notes related to Seizure questions: | | | |
| | | | |

| This section of the RTR looks at indicators related to this person’s risk of specific health and medical concerns. | | |
|---|-------------------------------------|-------------------------------------|
| Questions | Yes | No |
| 34. Does this person have a diagnosis of being Pre-Diabetic or Diabetic? If Yes , add risk of Complications of Diabetes to the ISP. Ensure that supports include diet and exercise. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 35. Does this person have an ostomy or tube, such as a gastric feeding tube, urinary catheter, colostomy, etc? If Yes , add risk of Complications Associated with (list type of tube or ostomy) to the ISP. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 36. Is this person unable to clearly communicate when this person is in pain? If Yes , add risk of Unreported Pain to the ISP. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 37. Does this person regularly refuse medical services or require mechanical, physical, or chemical restraint to receive medical services? If Yes , add risk of Not Receiving Medical Care to the ISP. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 38. Does this person need support to keep from falling and suffering from injury? If Yes , add risk of Injury Due to Falling to the ISP. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <p>Record any notes related to specific health and medical concerns:</p> <p>#38: There is information about ‘injury due to falling’ in John’s medical archived file at home and medical section/main file at work. The information from John’s doctor is dated 8/15/2003. John can fall on his bottom but it’s about falling forward and the possibility he could receive a blow to his chest. John’s support document includes recommendations provided by his doctor. M. Manor 9/19/09</p> | | |

This section of the RTR looks at indicators related to this person’s risk of **other health and medical concerns** that have not been addressed through previous questions.

| Question | Yes | No |
|---|-------------------------------------|--------------------------|
| 39. Does this person have a serious health issue or medical concern not addressed through the previous questions in this section? If Yes , list the risk(s) below and add to the ISP. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Congestive Heart Failure

Record any notes related to **other health and medical concerns**:

John was diagnosed with CHF on 3/15/89 by Dr. Jones; information is in his medical archive file. M. Manor 9/19/09

| This section of the RTR looks at issues relating to this person’s Safety and Finances. | | |
|--|-------------------------------------|-------------------------------------|
| Questions | Yes | No |
| 40. Is this person able to remain at home or at work/community inclusion without support for any length of time? <i>**If the person is under the age of 18, you must mark No.</i> If Yes , add risk of At Home Without Support and/or At Work/ATE Without Support to the ISP. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 41. Is this person able to be away from home, without support, for any length of time? If Yes , add risk of Away From Home Without Support to the ISP. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 42. Does this person need <u>any</u> assistance to adjust water temperature? If Yes , add risk of Safety Issue: Water Temperature to the ISP. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 43. Does this person need <u>any</u> assistance to evacuate when a fire or smoke alarm sounds? If Yes , add risk of Safety Issue: Fire Evacuation to the ISP. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 44. Does this person need <u>any</u> assistance to remain safe around household chemicals? If Yes , add risk of Safety Issue: Household Chemicals to the ISP. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 45. Does this person need <u>any</u> assistance to remain safe around traffic, while getting in or out of vehicles or while riding in vehicles? If Yes , add risk of Safety Issue: Vehicle Safety to the ISP. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 46. Does this person have any court mandated conditions or restrictions that are <u>not</u> a result of this person’s behavior? If Yes , add risk of Safety Issue: Court Mandated Conditions to the ISP. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 47. Does this person have any other important, serious safety issues while at their employment/community inclusion workplace that are not otherwise addressed in these questions? If Yes , add risk of Workplace Safety Issue: (list specific issue) to the ISP and list issue(s): New tool use | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 48. Does this person have any other important, serious safety issues not addressed through the previous questions in this section? If Yes , add risk of Safety Issue: (list specific issue) to the ISP and list issue(s): | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Questions continue on next page

| Safety and Finances questions, continued | Yes | No |
|---|-------------------------------------|--------------------------|
| 49. Does this person need <u>any</u> assistance to manage his/her finances? <i>**If the person is under the age of 18, you must mark Yes.</i> If Yes , add risk of <i>Financial Exploitation</i> to the ISP. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Record any notes related to the Safety and Finances questions: | | |

Questions continue on next page

| This section of the RTR looks at risks relating to this person's behavior or the status of their mental health. | | | |
|--|--------------------------|-------------------------------------|--------------------------|
| Questions | Yes | No | History |
| 50. Does this person ingest non-edible objects or have a diagnosis of pica? If Yes , add risk of Ingesting Non-Edible Objects and Aspiration/Choking to the ISP. See ISP Manual for specific Support Document requirements. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 51. Does this person place non-edible objects in his/her mouth that may cause poisoning, aspiration or choking? If Yes , add risk of Non-Edible Objects in Mouth and Aspiration/Choking to the ISP. See ISP Manual for specific Support Document requirements. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 52. Does this person engage in physical aggression? If Yes , add risk of Physical Aggression to the ISP. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 53. Does this person engage in self-injurious behaviors? If Yes , add risk of Self Injury to the ISP. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 54. Does this person engage in property destruction? If Yes , add risk of Property Destruction to the ISP. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 55. Does this person leave or attempt to leave supervised settings and is unsafe to do so? If Yes , add risk of Leaves Supervised Settings to the ISP. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 56. Does this person engage in the unsafe use of flammable materials? If Yes , add risk of Unsafe Use of Flammable Materials to the ISP. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 57. Does this person use illegal drugs or abuse drugs? If Yes , add risk of Drug Abuse to the ISP. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 58. Does this person abuse alcohol? If Yes , add risk of Alcohol Abuse to the ISP. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 59. Does this person engage in unsafe social behavior? If Yes , add risk of Unsafe Social Behavior to the ISP. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 60. Does this person engage in undesirable sexual behavior? If Yes , add risk of Undesirable Sexual Behavior to the ISP. Requires a current evaluation by a qualified professional to determine the current level of risk and support needs. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| Behavior/Mental Health questions, continued | Yes | No | History |
|--|--------------------------|-------------------------------------|--------------------------|
| 61. Does this person engage in behavior that is harmful to animals? If Yes , add risk of <i>Harm to Animals</i> to the ISP. Requires a current evaluation by a qualified professional to determine the current level of risk and support needs. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 62. Does this person use weapons or objects in an attempt to injure himself/herself or others? If Yes , add risk of <i>Use of Objects as Weapons</i> to the ISP. Requires a current evaluation by a qualified professional to determine the current level of risk and support needs. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 63. Does this person engage in illegal behavior? If Yes , add risk of <i>Illegal Behavior</i> to the ISP. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 64. Does this person have any court mandated conditions or restrictions that are a result of this person's behavior? If Yes , add risk of <i>Court Mandated Conditions: (list court order and date)</i> to the ISP. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 65. Does this person have a psychiatric diagnosis? If Yes , add risk of <i>Mental Health Diagnosis</i> to the ISP. See ISP manual for more information. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 66. Does this person engage in suicidal attempts, gestures or threats? If Yes , add risk of <i>Suicide</i> to the ISP. Requires a current evaluation by a qualified professional to determine the current level of risk and support needs. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Record any notes related to the Behavior/Mental Health questions: | | | |
| Record any evaluations that occurred for the Behavior/Mental Health section: Evaluation type: _____ Date of evaluation: _____ Document location: _____ Evaluation type: _____ Date of evaluation: _____ Document location: _____ | | | |

This section of the RTR looks at indicators related to this person's risk of **other Behavior/Mental Health concerns** that have not been addressed through previous questions.

| Question | Yes | No |
|---|--------------------------|-------------------------------------|
| 67. Does this person have an important, serious Behavior/Mental Health issue not addressed through the previous questions in this section? If Yes , list the risk(s) below and add to the ISP. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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Record any notes related to **other Behavior/Mental Health concerns**:

End of Risk Tracking Record

SAMPLE – ASPIRATION/CHOKING PROTOCOL

You do not need permission to call 911

Describe how you know John is at risk for aspiration and/or choking:

Aspiration: John is at risk for aspiration because food falls out of his mouth while eating, he drools excessively while talking and does need some of his food chopped to specific size. He does not have a diagnosis of aspiration or dysphagia from his Oral/Motor Eval but he does like some of his food chopped. He can independently cut most of his food. These supports have been in place to assure John doesn't aspirate (or choke) and his team feels this is important prevention.

SECTION 1: Description of Preventions

- Food texture: Meats needs to either be ground or cut into dime sized pieces. Other than chicken, John cuts his own food into dime sized pieces
- Small portions: Check serving sizes on packages or chart in recipe binder, John should receive 1/2 of the serving size at a time. If he wants seconds, he may have the other 1/2.

SECTION 2: Signs and Symptoms of Aspiration/Choking

- Gagging or choking while eating, drinking, or tube feeding
- Persistent coughing during or after eating, drinking, or tube feeding
- Wheezing or breathing is rapid and difficult

Person receiving services: John Smith
Protocol for use at: Home

Date 10/14/2009
Page 1 of 2

SECTION 3: What to do if any signs and symptoms are observed

- **STOP FOOD AND FLUID IMMEDIATELY**
- Keep John sitting upright and encourage coughing
- Provide first aid as trained
- Take and record John's temperature as soon as able

1. Contact and follow any instructions given:

Physician Dr. Jones 541.555.1234

2. Document incident in: Progress notes Incident Report

3. Notify:

Work Family/Guardian

SECTION 4: *CALL 911 AND START EMERGENCY AND FIRST AID PROCEDURES AS TRAINED, IF ANY OCCUR:*

- John appears gravely ill or you are concerned about their immediate health and safety
- John is blue, not breathing, or is having difficulty breathing

After calling 911,

Contact and follow any instructions given:

Supervisor

After John is stable, document incident in:

● Incident report Progress notes

Written by: Michelle Manor

Person receiving services: John Smith
Protocol for use at: Home

Date 10/14/2009
Page 2 of 2

SAMPLE

SAMPLE— ISP Meeting Agenda

Person receiving services: John Smith Meeting date: 10/16/2009

1. ISP Review

Review successes and achievements of the previous year. Review the things that didn't work or didn't get completed. Is there anything from last year's ISP that needs to continue or be enhanced? If so, add as a discussion topic.

2. Review drafted ISP

3. Team Discussion

Each topic must be addressed in a Discussion Record, Action Plan, or have other response from the team documented on the agenda:

- a. Anything John wants to talk about at the meeting
- b. All responses to the Agenda Questions on the PFW
- c. Responses to all questions in Section IV & V of the PFW
- d. Any Items for Consideration marked "Yes"
- e. Any items from last year's agenda that need to be addressed again
- f. Other items not yet addressed that the team needs to discuss

| <u>Yes</u> | <u>No</u> | <u>Items for Consideration</u> |
|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Does John want to self-administer medications? Consider any training needs John may have and how self-administration will be monitored. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Does John need a Health Care Representative? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Are there any unfinished tasks from the RTR or Support Documents that are not yet completed? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Are there any Support Documents that interfere with what's most important to John? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Does any team member have an objection to any Support Document listed on the ISP Risks page? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Does John need financial planning or benefits counseling in order to maximize resources? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Is John at risk of exceeding financial resource limits? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Are there any variances requiring team approval? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Are the hours of Employment/ATE less than the standard unit of service? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Are the hours of school less than entitled? |

SAMPLE— ISP Meeting Agenda

Person receiving services: John Smith

Meeting date: 10/16/2009

| Discussion Topics | Action Taken |
|--|--|
| <i>Consider each specific point identified in step 3 on page 1 of this Agenda. Each topic only needs to be written once. Group similar issues together into a single discussion topic, making sure to include all of the detail about the topic. Omit any items John does not wish to discuss at the meeting.</i> | <i>Discussion Record, Action Plan, Issue Resolved, Deferred, etc. (Decided during ISP meeting)</i> |
| Currently, home and work have different ‘familiar phrases’ sheet and do not always communicate about new words added. | Action Plan |
| John could be more involved in and contribute to his community if he attended a church group, joined a garden club or another group he’s interested in. | Action Plan |
| John wants to learn the skills to help interview new staff at home and at work. | Resolved 10-7-09 John’s been added to the hiring committee; training will be provided as part of committee member orientation process in place |
| John would love to meet Hulk Hogan. | Discussion Record |
| Learn to budget. <ul style="list-style-type: none"> • John wants to make sure he always goes to Hawaii at least once a year. • It would be nice if we knew where John wanted to travel and begin planning on a place, depending on the budget. • John may exceed his financial resources. • John taking more active role with his money. | Discussion Record Action Plan |
| John could be more independent when new jobs happen if new fixtures get created or purchased. | Discussion Record Action Plan |
| John’s work supervisor need to support him to have work. John could improve on informing his supervisors when he needs more work and not wait for the rotation of the production line. | AP |
| John said he would like to learn all different aspects of assembling clocks and making the “doctors” pens (for any office in town). | DR AP |
| John doesn’t like chicken on the menu sometimes; he’d prefer not to ever eat it. | DR AP |
| John loves corndogs but has a low-salt/low-fat diet. John doesn’t like his salt restriction. | DR AP |
| John could make his own dinner. | AP |

Not all agenda topics are included in the SAMPLE ISP.

SAMPLE— ISP Meeting Agenda

Person receiving services: John Smith

Meeting date: 10/16/2009

| | |
|---|--------------------|
| <p>To ensure John’s safety, practicing with John when walking around other, waiting sometimes, and being aware of others in the room/area. Currently, this happens but should happen more often to ensure John is safe and is not afraid.</p> | <p>Action Plan</p> |
| <p>To be more independent with mobility, John needs good, solid railings to go up stairs without assistance. At work, an extra bar by the back door could be helpful so John would not always need assistance to come in that door.</p> | <p>AP</p> |
| <p> </p> | <p> </p> |
| <p>If John used his walking stick, he could go more places independently at home, work or around town.</p> | <p>DR</p> |
| <p>John wants to make sure he can walk to the mailbox without staff watching him.</p> | <p>DR</p> |
| <p> </p> | <p> </p> |
| <p>John could be more independent on computers if he had a magnifier on the screen. John has just begun to show interest but no specific programs have been requested. He is just trying different ones using the IntelliKeys at work. He has played some games at home.</p> | <p>AP</p> |
| <p> </p> | <p> </p> |
| <p>John needs to learn to communicate respectfully with coworkers.</p> | <p>AP</p> |
| <p>Something to explore: Modeling how John can joke around without going too far (he sometimes yells).</p> | <p>AP</p> |
| <p> </p> | <p> </p> |
| <p>John could increase his income if he had a steadier job. (John is a very dependable worker. He has many skills to work in town rather than the workshop. He is afraid to do this but if the right fit is found, he could be very successful and an asset to any company. John would need adaptive equipment for many jobs.)</p> <ul style="list-style-type: none"> • John may like a volunteer position. • John could work for a business that participates in “First Thursday.” • John wants to learn any job that involved working with other people. He doesn’t like working alone or with people that scare him. He prefers doing jobs he is good at and likes. • Job assessments or job opportunities that John may really enjoy and have a social component. John could be a great asset to a business in Springfield. | <p>DR AP</p> |
| <p>John might be able to increase his income through assuring he has the correct benefits. Benefits counseling would be important to know about his social security money and subsidies reported. His team doesn’t know if this has ever been done.</p> | <p>AP</p> |
| <p> </p> | <p> </p> |

Not all agenda topics are included in the SAMPLE ISP.

SAMPLE— ISP Meeting Agenda

Person receiving services: John Smith

Meeting date: 10/16/2009

| | |
|---|------------------------------|
| Staff need to know that he can dial his phone but someone wants to use the kitchen phone, which is a bit harder for him, and he likes someone to watch him and make sure he pushed the correct numbers. | DR Communication Notebook |
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Not all agenda topics are included in the SAMPLE ISP.

SAMPLE FOR TRAINING

SAMPLE—INDIVIDUAL SUPPORT PLANPerson receiving services: John SmithDoes John have a Legal Representative/Guardian? No Yes, name: _____Meeting Date: 10/16/2009 ISP start date: 10/27/2009 ISP end date: 10/27/2010**What's most important to John:**

- "Mom" (John likes spending time with his mom, Nancy.)
- "Papa" (John sees his dad, Mark, about every other month; he lives in Chehalis, WA and travels a lot.)
- "You know—those people" (John doesn't like people to rush him or push him out of their way; he calls them 'those people'.)
- "Hulk Hogan" (John likes to watch WWE Wrestling. He has a 'trophy' belt that he displays in his room and shows anyone who comes into his room.)
- "Work" (John has said that he likes working with people who understand him. He seems to really enjoy working. Mailers are his favorite job.)
- "Talking" (John like talking with people he knows. He likes to joke around.)
- "Walking to mail box" (John likes walking alone to the neighbors' mailbox. He can do this independently.)
- "Hula" (John loves taking vacations in Hawaii. He has family there.)
- John likes to talk about sentimental events in his life; he likes quality time to talk about this.

Risks

| John is at risk of, or has a risk related to, the following (as identified on the Risk Tracking Record) | List the title of each Support Document that will be used to support the risk | Support Document Information | | | |
|---|---|------------------------------|---------------------------|----------|-----------------------|
| | | Home | | Work/ATE | |
| | | Date | Where kept | Date | Where kept |
| <i>Aspiration</i> | Aspiration Protocol | 10/14/09 | Med. Admin. Record-MAR | 10/15/09 | Training file |
| <i>Injury due to Falling</i> | Health/Medical Problem List | 5/20/09 | MAR | 6/5/09 | Training file |
| <i>At Home without Support</i> | Safety Plan | 3/28/09 | MAR | n/a | n/a |
| <i>Safety Issue: Fire Evacuation</i> <i>Safety Issue: Household Chemicals</i> <i>Safety Issue: Vehicle Safety</i> | Safety Plan | 3/28/09 | MAR | 6/6/08 | Training file |
| <i>At Work/ATE without Support</i> <i>Workplace Safety Issue: New tool usage</i> | Safety Plan | n/a | n/a | 6/6/08 | Training file |
| <i>Congestive Heart Failure</i> | Heart Safety Protocol | 5/20/09 | MAR | n/a | n/a |
| | Safety Plan | n/a | n/a | 6/6/08 | Training file |
| <i>Financial Exploitation</i> | Financial Plan | 10/14/09 | Personal Money Record-PMR | 10/14/09 | Money Exchange Record |
| | | | | | |
| | | | | | |
| | | | | | |

Professional Services John Uses/Needs

* See Residential Individual Summary Sheet for current names of specialists

| Type of specialist* | List the specific reasons why John sees this specialist | How often or date due | Where to record | Notes |
|---------------------|---|-----------------------|------------------------------|---|
| Primary Physician | Annual physical, check heart/lung condition for any underlying issues | Every 6 months | Physician's Visit/Order Form | Doctor visits increased to 2x/year since he was in the hospital in 2003 |
| Dentist | Annual cleaning | 2x/year | Physician's Visit/Order Form | John has no cavities |
| Ophthalmologist | Annual eye exam, check prescription | 1x/year | Physician's Visit/Order Form | John is legally blind and his glasses prescription usually changes annually. This sometimes upsets him. |
| | | | | |
| | | | | |
| | | | | |

Does this person have a Nursing Care Plan at home? No Yes, where found: Medical-RN section 3/17/09

Does this person have a Nursing Care Plan at work? No Yes, where found: _____

Does this person have a Health/Medical Problem List? No Yes, where found: Home: MAR-5/20/09 Work: Training file 6/5/09

Does this person have a Health Care Representative? No Yes, appointment date: _____

If yes, Self-appointed ISP Team appointed Where is the document located? _____

Action Plan

Issue

Desired Outcome

| | |
|--|---|
| <p>John uses single words or simple sentences to communicate needs. Everyone who supports him does not know what they all mean because he uses similar words with different meanings. John gets frustrated when others do not understand him. Home and work 'familiar phrases' sheets but they are different because they don't meet regularly to compile information.</p> | <p>John is understood by his friends, coworkers and support staff in order to have less frustration when trying to do preferred activities.</p> |
|--|---|

| Measurable steps that will be taken to reach desired outcome | Where: | | | Who is responsible | How often or date due | Where to record | Notes |
|--|--------|---|---|-------------------------------|------------------------------------|--------------------|--|
| | H | W | O | | | | |
| A: With John's assistance, staff will create a communication plan | X | X | | House Manager and Emp. Coord. | Initial plan developed by 12/15/09 | Communication Plan | Plan will identify words that are the same but have different meanings, depending on the situation |
| B: Once plan is developed, words will be added as needed or modified if needed | X | X | | House Manager and Emp. Coord. | As needed during the ISP | Communication Plan | Write updated date on the plan |
| C: In order to share learning between home and work, the communication plan will be reviewed regularly to assure consistency | X | X | | House Manager and Emp. Coord. | Every 3 months | Communication Plan | Write update or reviewed on plan |
| D: | | | | | | | |

Does this Action Plan enhance: Independence Integration Productivity Skill Building

Action Plan

Issue

Desired Outcome

| | |
|--|---|
| <p>John wants to participate more in his church's evening activities. He has not always gotten the support to attend. Nancy wants to make sure that John has a good circle of friends and good acquaintances. There has not been any pursuing of other clubs that John could belong to; this has not been thought about before. Staff are not sure of all the types of clubs in the area or which one John would like to join.</p> | <p>John belongs to a club as well as goes to Wednesday evening church activities in order to connect with people that have the same interests as him.</p> |
|--|---|

| Measurable steps that will be taken to reach desired outcome | Where: | | | Who is responsible | How often or date due | Where to record | Notes |
|---|--------|---|---|-----------------------------|--------------------------------------|-------------------------------------|--|
| | H | W | O | | | | |
| A: John attends Wednesday evening Church activities when he wants to | X | | | Direct Support Staff & John | 2-3 times per month | Activity List | Staff drop off and pick up. |
| B: John will attend the Garden Club in Springfield | X | | | Direct Support Staff & John | 11/30/09* | Activity List | * If John likes the Garden Club, staff will offer him opportunity to attend monthly or as he chooses |
| C: Research other clubs in Springfield, using internet, newspaper, word of mouth etc. | X | | | House Manager & DSS | Due by 2/15/10 and updated 3x a year | List of options or links to options | |
| D: If John doesn't like the Garden Club or wants to find other things going on, John will pick a different club from the list of options and try it out | X | | | Direct Support Staff | Monthly after 2/15/10 | Activity List | Document the specific activity or when John didn't want to try something |

(check all that apply) Does this Action Plan enhance: Independence Integration Productivity Skill Building

Action Plan

Issue

Desired Outcome

| | |
|---|--|
| <p>John has not participated in the budgeting of his money since living with his parents. He is soon to exceed his resource limit and needs to save for a trip to Hawaii. John wants to make sure that he goes to Hawaii at least annually.</p> | <p>John knows the budget for going to Hawaii, so he understand saving money and is able to see family friends regularly.</p> |
|---|--|

| Measurable steps that will be taken to reach desired outcome | Where: | | | Who is responsible | How often or date due | Where to record | Notes |
|--|--------|---|---|-------------------------|----------------------------------|------------------------------------|--|
| | H | W | O | | | | |
| A: John and staff will create a budget sheet that he can see, either using paper or develop on the computer, and budget monthly. | X | | | House Manager and John | Initial by 11/30/09, then 1x mo. | Budget sheet | Use current budget sheet and develop either in larger print or use computer, whichever John sees easiest (prefers) |
| B: Once budget is developed, John will prioritize (with assistance) how he will spend his money | X | | | House Manager and John | 1x over ISP* | Budget sheet (priority section) | * This will be reviewed each month with budgeting to make sure his priorities are the same |
| C: John will develop the budget for his Hawaii trip | X | | | House Manager and John | 1x over ISP | Budget sheet | |
| D: Once budget is developed, John's team wants to approve one total sum of money for his trip to Hawaii | X | X | X | House Manager | 1x over ISP period | Financial Approval Sheet | All team members are to approve and house manager will document those approvals |
| E: John will go to Hawaii with either Fran or his mom | X | | X | House Manager and Nancy | 1x over ISP period | Airplane receipt in Financial Book | |

(check all that apply) Does this Action Plan enhance: Independence Integration Productivity Skill Building

Action Plan

| Issue | | | | Desired Outcome | | | |
|--|---|---|---|--------------------|-----------------------|-----------------|-------|
| Measurable steps that will be taken to reach desired outcome | Where: | | | Who is responsible | How often or date due | Where to record | Notes |
| | H | W | O | | | | |
| A: | | | | | | | |
| B: | <div style="border: 1px solid black; border-radius: 50%; padding: 20px; width: fit-content; margin: 0 auto;"> This ISP is not complete. Additional Action Plans would be included as per ISP Meeting Agenda. </div> | | | | | | |
| C: | | | | | | | |
| D: | | | | | | | |

(check all that apply) Does this Action Plan enhance: Independence Integration Productivity Skill Building

Discussion Record

Issue:
John has asked to meet Hulk Hogan for at least 10 years. His ISP team has not been successful in making this happen.

Discussion:
From the discussion, John's team realized that none of them are very good on this type of searching on computers. Some attempt has been tried each year but no one has been able to make a connection with Hulk Hogan or someone who could help make this happen. The team has looked into if he does speaking engagements or the like but, again, have not been successful in finding this information.

Ingrid said she believes one of her staff are pretty knowledgeable about computers. She had not thought of asking for help at work looking but her staff could easily have the time to help with this. Michelle wished she asked Ingrid sooner.

Decision:
John's team realized that they need help from others to make this happen. Ingrid will talk with her staff about scheduling some time to investigate finding contact information for Hulk Hogan. Once information has been found, the team will develop an action plan to follow through with the next steps.

Is there an Action Plan associated with this issue? No Yes

Discussion Record

Issue:

John may exceed his financial resource limits.

John talks about traveling but he hasn't talked about specific places.

John needs help with budgeting his annual trips to Hawaii. His team would like to figure out where else he would like to travel and incorporate into his budget.

Discussion:

His team and family want to make sure he goes to Hawaii at least once per year to see family friends he grew up with. He likes going on these trips with either his mom or sister, Fran.

Nancy said that Fran might be a good person to help John figure out where he'd like to travel. Michelle (house manager) said that John talks with Molly at home and they seem to have a good rapport and she may be able to use magazines and the TRIPs booklet to find a variety of places he has thought about to visit.

Both Michelle and Nancy feel John needs to be included in the budgeting process. Nancy has helped John budget for his recent Hawaii trip. His team wants him to know what it takes to budget his money.

Decision:

John will continue to take annual trips to Hawaii, if budget permits.

John will take another trip somewhere else that he chooses.

John will receive support from his staff building a budget and prioritizing his spending.

Is there an Action Plan associated with this issue? No Yes

Discussion Record

Issue:

Discussion:

This ISP is not complete. Additional Discussion Records would be included as per ISP Meeting Agenda.

Decision:

Is there an Action Plan associated with this issue? No Yes

Service Supports

| | | |
|---|---|--|
| Employment/ATE/School <input type="checkbox"/> Alternative to Employment <input checked="" type="checkbox"/> Facility-based Employment <input type="checkbox"/> Supported Employment <input type="checkbox"/> School <input type="checkbox"/> Other: | Name and Address of Agency Responsible Q Services Inc. 3886 Wilson Road Springfield, Oregon 97212 | Typical Schedule Monday - Friday 8:30am to 2pm |
| Residential <input checked="" type="checkbox"/> 24-hour Residential Services <input type="checkbox"/> Supported Living Program <input type="checkbox"/> Proctor Care <input type="checkbox"/> Other: | Name and Address of Agency Responsible PDQ Residential Services - Lynn Street 1863 Lynn Street Springfield, Oregon 97212 | |
| Transportation <input checked="" type="checkbox"/> Employment/ATE/School <input checked="" type="checkbox"/> Medical Appointments <input type="checkbox"/> Other | Responsible Provider PDQ Residential Lynn Street provides rides to all appointments | Transportation method and contact information Kirkwood house (503-222-6556) drives to work, John takes RX Public home (503-222-5555) House van, or staff cars, as needed |

Team members must ensure that this plan is designed to enhance the person's independence, integration and productivity.

- Independence: Having control and choice over one's own life.
- Integration: Living near and using the same community resources and participating in the same activities as, and together with, people without disabilities.
- Productivity: Engaging in work that contributes to a household or community; or engaging in income-producing work that is measured through improvements in income level, employment status or job advancement.

ISP Signature Page

| | Tentative date | Tentative time | Tentative place |
|-------------------|----------------|----------------|---------------------|
| Next ISP Meeting: | 10/12/10 | 4:30pm | Q's conference room |

Team approval for changes to the ISP or Support Documents prior to the next ISP meeting will be made as follows:

Team members will be contacted to obtain verbal approval for all changes to the ISP or Support Documents

Exceptions: John's father, Mark, does not need to give approvals to any changes. He would like a copy of the changes mailed to him.

| Team Members | Relationship to John | Present at meeting? | Signature (indicates approval of ISP and support documents listed on the Risks page) | Date | Objections to the plan or support documents, if any |
|---------------------|-------------------------------------|---|---|----------|---|
| John Smith | Person Receiving Services | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | John | 10/16/09 | |
| Nancy Smith, mother | Parent/Family Member | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Nancy Smith | 10/16/09 | |
| N/A | Legal Representative/Guardian | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Carrie Jones | CDDP Services Coordinator | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Carrie Jones | 10/16/09 | |
| Mark Smith | Father | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Mark Smith | 10/16/09 | |
| Michelle Manor | Residential Provider Representative | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Michelle Manor | 10/16/09 | |
| Ingrid Moore | Employment/ATE Provider Rep. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Ingrid Moore | 10/16/09 | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

If John was not present for part or all of this meeting, see ISP manual for additional requirements. Note here who will explain this plan to John. n/a

~~SAMPLE~~ CHANGE FORM

Person receiving services: John Smith Date of change: 12/15/2009

| Indicate which document(s) you are changing, adding, or discontinuing: | | |
|---|---|---|
| <input checked="" type="checkbox"/> Individual Support Plan <input type="checkbox"/> Safety Plan <input checked="" type="checkbox"/> Financial Plan <input type="checkbox"/> Protocol, <input type="checkbox"/> Other Document, | | |
| title: _____ title: _____ | | |
| Reason for Change | List Specific Change(s) | Where is the change documented? |
| Mark Lang, John's employment supervisor, found contact information about Hulk Hogan and where he does public appearance. Also, he only meets fans during specific times at his public appearances. | An Action Plan was added to address the financial and other supports John will need to meet Hulk Hogan. | Action Plan Budget sheet Progress notes |
| Signature of the person initiating change: <i>Michelle Mando</i> | | |
| Date sent to CDDP Services Coordinator/ODDS Residential Specialist: 12/16/09 | | |

SAMPLE—Change Form Approval Page

Person receiving services: John Smith Date of change: 12/15/2009

| Team Members | Relationship to the Person | Signature, or note other agreed method of approval | Date | Objections to the change, if any |
|---------------------|-------------------------------------|--|----------|----------------------------------|
| John Smith | Person Receiving Services | John | 12/14/09 | |
| Nancy Smith, mother | Parent/Family Member | Phone | 12/14/09 | |
| N/A | Legal Representative/Guardian | | | |
| Carrie Jones | CDDP Services Coordinator | Email | 12/15/09 | |
| Mark Smith | Father | Email | 12/15/09 | |
| Michelle Manor | Residential Provider Representative | Michelle Manor | 12/14/09 | |
| Ingrid Moore | Employment/ATE Provider Rep. | Ingrid Moore | 12/14/09 | |
| | | | | |
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Action Plan

Issue

Desired Outcome

| | |
|---|--|
| Hulk Hogan meets fans during specific times at his public appearances but the closest location is Seattle, Washington. John wants to have enough money for his trip to Hawaii, another trip and seeing Hulk Hogan. At this time, John is still unsure of the other trip he wants to take. | John meets Hulk Hogan in order to fulfill a long-time dream. |
|---|--|

| Measurable steps that will be taken to reach desired outcome | Where: | | | Who is responsible | How often or date due | Where to record | Notes |
|---|-------------------------------------|-------------------------------------|--------------------------|------------------------|---|---|---|
| | H | W | O | | | | |
| A: John and staff arrange a trip to Seattle in February to meet Hulk Hogan (2/25/10) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | House Manager | By 1/31/10 | Progress Notes | Need to figure out if plane or train are cheaper; John has ridden both a train and plane—no preference he said. |
| B: John takes off necessary time from work to take this trip | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Employment Coordinator | Complete after trip arranged 1x over ISP | Vacation request form | |
| C: Staff will arrange a personal meeting with Hulk Hogan on 2/25/10 or day before/after as arranged with Hulk Hogan's manager | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Employment Supervisor | Due by 1/12/10 | Progress Note, copy sent to Residential | Employment doing this because they made the initial contact and the team thought the consistency would be helpful to arrange the best time for John |
| D: John and staff of John's choice will go to Seattle to as per trip arrangement. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | House Manager and John | Done by 2/28/10 | Activity List | Right now, John is thinking about either Molly or Keith to go with, both like WWE. |

(Check all that apply) Does this Action Plan enhance: Independence Integration Productivity Skill Building