| **Likes:**  Include:   * what is important to the person * what ‘works’ * what brings the individual joy * areas where the person excels * what makes the individual happy. |  | **(Person’s Name)**  **Individual Instruction and Support Plan (IISP)**  Date revised | | |  | **Dislikes:**  Include:   * What makes the person uncomfortable * What does the person not respond well to * What may elicit a negative response * Ways of interacting when things ‘don’t work.’ |
| --- | --- | --- | --- | --- | --- | --- |
| [Paste Photo here] | | |
|  | | | | | | |
| **Risks**  Include all risks that present life-threatening danger to clients or others. Summarize the risk interventions (including restrictions, supervision protocols, dietary needs or behavioral triggers). You may add notes to aid someone when supporting the person – especially information that keeps the client and those around them safe. See the risk section for more information. | | | | | | |
|  | | | | | | |
| **Skills & Abilities:**  List areas where the person excels and activities the person enjoy doing. Include special talents and skills that may not be readily apparent. | | |  | **Communication Style:**  Explain how the person best communicates (verbally, English, ASL, gesturally). Include all information someone needs to better understand the person. If they use technology include that and instructions. | | |

| Name  First & Last Name | PCSP date | | Date of this IISP | Date IISP Reviewed / Revised |
| --- | --- | --- | --- | --- |
| Click here to enter a date. | | Click here to enter a date. | Click here to enter a date. |
| Individuals who participated in IISP development | | Preparer Name | | |
| Include all participants: the person, their guardian, friends, family (make a note if others invited chose not to participate) and staff. Participation includes people who gave input outside of formal meeting (such as completing a survey or interviewing over the phone ). | | Insert printed name of plan writer | | |
| Signature of person indicating their agreement with plan Date | | Signature of Preparer (writer) | | |
|  | |  | | |
| Legal Decision Maker:  Self  Guardian Choose an item. Click here to enter text. | | Name of Residential Agency | | |
| Guardian Signature (if applicable): | | Residential Agency Name | | |

| I have several documents and plans that provide my staff with instructions on how best to support me. This includes things that are important **for** me, as well as things that are important **to** me. All people who support me need to read, understand and follow them. | ***The Direct Support Professional’s role is to actively work with me to support me to grow, develop and have a quality life.*** |
| --- | --- |

*This is what the plans are called and where they can be found:*

| Check if applicable | **Plan Name** | **Where to find it** |
| --- | --- | --- |
|  | Person Centered Service Plan (PSCP) |  |
|  | Individual Financial Plan (IFP) |  |
|  | Functional Assessment (FA) |  |
|  | Positive Behavior Support Plan (PBSP) |  |
|  |  |  |
|  |  |  |
|  |  |  |

| **HISTORY** – important events in my life**:** |
| --- |
| Provide brief narrative of important information from person’s history. Include information that could provide context, insight or a deeper understanding of who the person is. Alternatively, if the person has a description of their history documented in their Functional Assessment that helps the reader understand the whole person refer to that section. |

**Identified Risks and Interventions**

|  | **RISK ISSUES** – Specific issues or protocols needed to ensure my safety if applicable: |
| --- | --- |
|  | **Abuse / Neglect / Exploitation**  **See risk and intervention detail below  No additional direction or explanation needed** |
| Likelihood:  Choose an item.  Consequence:  Choose an item. | Risks:  Interventions: All staff trained in mandatory reporter responsibilities |
|  | **Behavioral**  **See risk and intervention detail below  No additional direction or explanation needed** |
| Likelihood:  Choose an item.  Consequence:  Choose an item. | Risks:  Interventions: |
|  | **Environmental / Specialized Equipment**  **See risk and intervention detail below  No additional direction or explanation needed** |
| Likelihood:  Choose an item.  Consequence:  Choose an item. | Risks:  Equipment:  Interventions: |
|  | **Falls**  **See risk and intervention detail below  No additional direction or explanation needed** |
| Likelihood:  Choose an item.  Consequence:  Choose an item. | Risks:  Interventions: |
|  | **Legal**  **See risk and intervention detail below  No additional direction or explanation needed** |
| Likelihood:  Choose an item.  Consequence:  Choose an item. | Risks:  Interventions: |
|  | **Financial**  **See risk and intervention detail below  No additional direction or explanation needed** |
| Likelihood:  Choose an item.  Consequence:  Choose an item. | Risks:  Interventions: |
|  | **Medical (including allergies, skin integrity)**  **See risk and intervention detail below  No additional direction or explanation needed** |
| Likelihood:  Choose an item.  Consequence:  Choose an item. | Risks:  Interventions: |
|  | **Other**  **See risk and intervention detail below  No additional direction or explanation needed** |
| Likelihood:  Choose an item.  Consequence:  Choose an item. | Risks:  Interventions: |

**Instruction and Support Service Implementation**

My PCSP identifies my assessed needs and who is responsible to meet those needs **– *please be sure you have read and understand my PCSP***. This section of the IISP describes ***how*** staff should provide the instruction support to meet my assessed needs.

| **INSTRUCTION AND SUPPORT DETAILS** – going beyond the PCSP:  General instructions for how staff should provide motivation, instruction, support, modeling, prompting, and reinforcement: | |
| --- | --- |
| **Activities of Daily Living** | |
| Choose an item. | Include applicable specific information about how staff should provide instruction and/or supports in this area including any particular schedules, hygiene routines, dietary considerations, and/or equipment. |
| **IADLs** | |
| Choose an item. | Include any applicable specific information about how staff should provide instruction and/or supports in this area including making transportation arrangements, preferred recreation/leisure activities, and relationships with friends, family and community members. |
| **Family Supports** | |
| Choose an item. | Include any applicable specific information about how staff should provide instruction and/or supports for education, technology, self-determination and/or self-management. |
| **Peer Relationships** | |
| Choose an item. | Include any applicable specific information about how staff should provide instruction and/or supports in this area including work schedule or routines, communication with employment supports, and/or setting up for success. |
| **Safety & Interactions** | |
| Choose an item. | Include any applicable specific information about how staff should provide instruction and/or supports in this area including medication, health care, ambulation, diet, physical and emotional health. |
| **Medical Supports** | |
| Choose an item. | Include any applicable specific information about how staff should provide instruction and/or supports in this area, including essential lifestyle activities and events, communication and social skills. |
| **Behavioral Supports** | |
| Choose an item. | Include any applicable specific information about how staff should provide instruction and/or supports in this area including advocacy, protection and making choices. |
| **Protective Supervision** | |
| Choose an item. | For any area identified as requiring some or extensive support, provide specific information on how staff should provide the support or reference plan(s) where additional detail is provided. |

**Habilitative Goals**

| Client Name | Goal Revision date | Goal# |
| --- | --- | --- |
|  |  |
| Guideline Value(s) This goal works toward (check all that apply):  Competence  Health & Safety  Integration (Community)  Relationships  Power & Choice  Status | | |

| **Goal** | | | |
| --- | --- | --- | --- |
| What skill will the client acquire, strengthen or maintain? | | How does this relate to what is important to the client? | |
|  | |  | |
| **Measurement** | | | |
| How goal progress will be measured: | Current (baseline) measurement: | | Desired (goal) measurement: |
|  |  | |  |
| **Staff Instructions** | | | |
| How staff will model and/or prompt: | How staff will provide instructions: | | |
|  |  | | |
| How staff will reinforce: | How staff will document: | | |
|  |  | | |
| **Criteria and timeline for revision** | | | |
| Goal will be reviewed at least every 6 months and revised when goal is achieved, requested by client/guardian, or if data indicates the instruction is not effective. It will be considered that instruction is not effective if: | | | |
|  | | | |

| **Goal Progress Review** | | | | |
| --- | --- | --- | --- | --- |
| **Date of Review** | **Goal Progress** | **Summary of Goal Progress** | **Changes made (if any)** | **Printed Name & Signature of Reviewer** |
|  | occurring as expected  Not occurring as expected |  |  |  |
|  | occurring as expected  Not occurring as expected |  |  |  |
|  | occurring as expected  Not occurring as expected |  |  |  |
|  | occurring as expected  Not occurring as expected |  |  |  |

**Habilitative Goals**

| Client Name | Goal Revision date | Goal# |
| --- | --- | --- |
|  |  |
| Guideline Value(s) This goal works toward (check all that apply):  Competence  Health & Safety  Integration (Community)  Relationships  Power & Choice  Status | | |

| **Goal** | | | |
| --- | --- | --- | --- |
| What skill will the client acquire, strengthen or maintain? | | How does this relate to what is important to the client? | |
|  | |  | |
| **Measurement** | | | |
| How goal progress will be measured: | Current (baseline) measurement: | | Desired (goal) measurement: |
|  |  | |  |
| **Staff Instructions** | | | |
| How staff will model and/or prompt: | How staff will provide instructions: | | |
|  |  | | |
| How staff will reinforce: | How staff will document: | | |
|  |  | | |
| **Criteria and timeline for revision** | | | |
| Goal will be reviewed at least every 6 months and revised when goal is achieved, requested by client/guardian, or if data indicates the instruction is not effective. It will be considered that instruction is not effective if: | | | |
|  | | | |

| **Goal Progress Review** | | | | |
| --- | --- | --- | --- | --- |
| **Date of Review** | **Goal Progress** | **Summary of Goal Progress** | **Changes made (if any)** | **Printed Name & Signature of Reviewer** |
|  | occurring as expected  Not occurring as expected |  |  |  |
|  | occurring as expected  Not occurring as expected |  |  |  |
|  | occurring as expected  Not occurring as expected |  |  |  |
|  | occurring as expected  Not occurring as expected |  |  |  |

**Habilitative Goals**

| Client Name | Goal Revision date | Goal# |
| --- | --- | --- |
|  |  |
| Guideline Value(s) This goal works toward (check all that apply):  Competence  Health & Safety  Integration (Community)  Relationships  Power & Choice  Status | | |

| **Goal** | | | |
| --- | --- | --- | --- |
| What skill will the client acquire, strengthen or maintain? | | How does this relate to what is important to the client? | |
|  | |  | |
| **Measurement** | | | |
| How goal progress will be measured: | Current (baseline) measurement: | | Desired (goal) measurement: |
|  |  | |  |
| **Staff Instructions** | | | |
| How staff will model and/or prompt: | How staff will provide instructions: | | |
|  |  | | |
| How staff will reinforce: | How staff will document: | | |
|  |  | | |
| **Criteria and timeline for revision** | | | |
| Goal will be reviewed at least every 6 months and revised when goal is achieved, requested by client/guardian, or if data indicates the instruction is not effective. It will be considered that instruction is not effective if: | | | |
|  | | | |

| **Goal Progress Review** | | | | |
| --- | --- | --- | --- | --- |
| **Date of Review** | **Goal Progress** | **Summary of Goal Progress** | **Changes made (if any)** | **Printed Name & Signature of Reviewer** |
|  | occurring as expected  Not occurring as expected |  |  |  |
|  | occurring as expected  Not occurring as expected |  |  |  |
|  | occurring as expected  Not occurring as expected |  |  |  |
|  | occurring as expected  Not occurring as expected |  |  |  |