| **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# |
| --- | --- | --- |
|   |  |
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|  | [ ]  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** |
| --- |
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|  |   |   |
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| How staff will model and/or prompt: | How staff will provide instructions: |
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|  | [ ]  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 |  |  |  |