

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)  
**Initial Staff and Family Consultation Plan**

WAIVER PARTICIPANT'S NAME	PROVIDER'S NAME
CASE MANAGER'S NAME	DATE PLAN WAS WRITTEN OR REVISED
CURRENT WAIVER	
Staff or Family (S/F) member consultation goal:	
<p>Needed support to assist S/F in working toward their goal: check all that apply.</p> <input type="checkbox"/> Observation of S/F member actions <input type="checkbox"/> Modeling appropriate techniques to S/F <input type="checkbox"/> Phone consultation <input type="checkbox"/> Referral to family support group or advocacy organization Describe:	
Is there a current Therapeutic Plan in place for the client that the staff or family member is supporting? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify the goals on the behavior support plan that you will be working on to provide consultation <b>only</b> with the below S/F.	
If no, please identify what consultation is being provided to the S/F and what referrals may be needed.	
<b>Therapeutic plan instructions to staff or family</b>	
<b>Goal 1</b>	
<b>Goal 2</b>	
<b>Goal 3</b>	
<b>SMART goal(s) and objective(s)</b>	
Describe the SMART goal(s) and objective(s) addressed as they appear in Policy 4.19. These goals also need to be <u>observable</u> . No more than three goals per plan.	
<b>Goal 1</b>	<b>SMART goals and objective are:</b> <ul style="list-style-type: none"> <li>Specific</li> <li>Measurable</li> <li>Achievable</li> <li>Relevant</li> <li>Time-bound</li> </ul>
<b>Goal 2</b>	
<b>Goal 3</b>	
<b>Consultation strategies to achieve the goal(s)</b>	

<b>Goal 1</b>	
<b>Goal 2</b>	
<b>Goal 3</b>	
<b>Goal completion criteria stated in objective, measurable terms</b>	
<b>Goal 1</b>	
<b>Goal 2</b>	
<b>Goal 3</b>	
<b>Signatures</b>	
PROVIDER'S SIGNATURE	DATE
LEGAL REPRESENTATIVE'S SIGNATURE	DATE
WAIVER PARTICIPANT'S SIGNATURE	DATE
DDA CASE / RESOURCE MANAGER'S SIGNATURE	DATE