|  |  |  |
| --- | --- | --- |
| 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.* | Text  Description automatically generated  DEVELOPMENTAL DISABILITIES ADMINISTRATION  INTENSIVE HABILITATION SERVICES (IHS)  **Person's Name**  **HIS Habilitation Plan**  Developed by IHS on **Date Revised**.  Paste photo here. | 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.”* |
|  | | |
| 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.* | | |
| Strategies Known to Work  *This section will include pertinent information about strategies, interventions, and teaching skills that are known to be effective with the identified child.* | | |
| Skills and 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.* | | |

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| Text  Description automatically generated | DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)  INTENSIVE HABILITATION SERVICES (IHS)  **Identified Risks and Interventions** | | | | |
| **Risk Issues** | | | | | |
| **Abuse / Neglect / Exploitation**  See risk and intervention detail below.  No additional direction or explanation needed. | | | | | |
| Likelihood:    Consequence: | | Risks: | | | |
| Interventions: All staff trained in mandatory reporter responsibilities. | | | |
| **Behavioral**  See risk and intervention detail below.  No additional direction or explanation needed. | | | | | |
| Likelihood:  Consequence: | | Risks: | | | |
| Interventions: | | | |
| **Environmental / Specialized Equipment**  See risk and intervention detail below.  No additional direction or explanation needed. | | | | | |
| Likelihood:  Consequence: | | Risks: | | | |
| Interventions: | | | |
| **Falls**  See risk and intervention detail below.  No additional direction or explanation needed. | | | | | |
| Likelihood:  Consequence: | | Risks: | | | |
| Interventions: | | | |
| **Medical (including allergies, skin integrity)**  See risk and intervention detail below.  No additional direction or explanation needed. | | | | | |
| Likelihood:  Consequence: | | Risks: | | | |
| Interventions: | | | |
| **Other**  See risk and intervention detail below.  No additional direction or explanation needed. | | | | | |
| Likelihood:  Consequence: | | Risks: | | | |
| Interventions: | | | |
| Text  Description automatically generated | DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)  INTENSIVE HABILITATION SERVICES (IHS)  **Habilitative Goals** | | | | |
| Client Name | | | | | Goal Date |
| **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: | | | | | |
| **Timeline for review of goal progress** | | | | | |
| Goals will be discussed at each individualized team meeting with a report of the client’s progress towards the goals identified and revised when the goal is achieved, if requested by client / guardian, or if data indicates the instruction is not effective. | | | | | |
| Text  Description automatically generated | DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)  INTENSIVE HABILITATION SERVICES (IHS)  **Habilitative Goals** | | | | |
| Client Name | | | | | Goal Date |
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| How staff will provide instructions: | | | | | |
| How staff will reinforce: | | | | | |
| How staff will document: | | | | | |
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| **Timeline for review of goal progress** | | | | | |
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