|  |  |  |
| --- | --- | --- |
| 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 generatedDEVELOPMENTAL DISABILITIES ADMINISTRATIONINTENSIVE 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.* |

|  |  |
| --- | --- |
| 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 |
| **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 |
| **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. |