Person's Name

Likes:
Include what is important to the person, what "works", what brings them joy, areas where they excel, what really makes them happy

Dislikes:
Include things that make the person uncomfortable, that they don't respond well to, that may elicit a negative response, ways of interacting or other things that "don't work"

[Paste Photo here]

Risks!
Include all risks that present immediate life threatening danger to the client or others. Include things that should be restricted, supervision protocols, special dietary needs or behavioral triggers and techniques. You may also want to include other things that someone must know when supporting the person – especially those things to protect the safety and well-being of the person or others around them. More detail on risks will be in the risk section - this is a quick summary.

Skills & Abilities:
Include things the person is really good at, types of things they do well, special talents, especially those things that may not be readily apparent

Communication Style:
Include how the person best communicates (verbally, English, ASL, gesturally; anything someone needs to know to better understand them, and the manner they prefer others to communicate with them; if they use technology – include that, how to use it and what to do if it isn't working

Name	ISP date	Date of this IISP
Individuals who participated in IISP development	Preparer Name	
Signature of person indicating their agreement with plan Date	Signature of Preparer (writer)	
Legal Decision Maker: ☐ Self ☐ Guardian Guardian Signature (if applicable):	Name of Residential Agency	

I have several documents and plans that provide my staff with instructions on how best to support me; including 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 <u>actively</u> work <u>with</u> 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 Plan (PCP)	
☐	Individual Support Plan (ISP)	
☐	Individual Financial Plan (IFP)	
☐	Functional Assessment (FA)	
☐	Positive Behavior Support Plan (PBSP)	
☐	Cross-Systems Crisis Plan (CSCP)	
☐		

HISTORY – important events in my life**:**

Identified Risks and Interventions

	RISK ISSUES – Specific issues or protocols needed to ensure my safety if applicable:
● **Abuse / Neglect / Exploitation**	
Likelihood:	State that no additional direction or explanation needed *OR* Describe particular vulnerabilities and supports / strategies in place to mitigate risk
Choose an item.	
Consequence:	Risks:
Choose an item.	Interventions:
● **Behavioral**	
Likelihood:	State that no additional direction or explanation needed *OR* Describe particular vulnerabilities and supports / strategies in place to mitigate risk
Choose an item.	
Consequence:	Risks:
Choose an item.	Interventions:
● **Environmental / Specialized Equipment**	
Likelihood:	State that no additional direction or explanation and no specialized equipment needed *OR* Describe particular modifications to environment, specialized equipment, and any instructions for use or future modifications and supports or other strategies in place to mitigate risk
Choose an item.	
Consequence:	
Choose an item.	Risks:
	Equipment:
	Interventions:
● **Falls**	
Likelihood:	State that no additional direction or explanation needed *OR* Describe particular vulnerabilities and supports / strategies in place to mitigate risk
Choose an item.	
Consequence:	Risks:
Choose an item.	Interventions:
● **Legal**	
Likelihood:	State that no additional direction or explanation needed *OR* Describe particular vulnerabilities and supports / strategies in place to mitigate risk
Choose an item.	
Consequence:	Risks:
Choose an item.	Interventions:
● **Financial**	
Likelihood:	State that no additional direction or explanation needed *OR* Describe particular vulnerabilities and supports / strategies in place to mitigate risk
Choose an item.	
Consequence:	Risks:
Choose an item.	Interventions:
● **Medical (including allergies, skin integrity)**	
Likelihood:	State that no additional direction or explanation needed *OR* Describe particular vulnerabilities and supports / strategies in place to mitigate risk
Choose an item.	
Consequence:	Risks:
Choose an item.	Interventions:
● **Other**	
Likelihood:	State that no additional direction or explanation needed *OR* Describe particular vulnerabilities and supports / strategies in place to mitigate risk for any area not captured above
Choose an item.	
Consequence:	Risks:
Choose an item.	Interventions:

Identified Risks and Interventions Worksheet

	RISK ISSUES – Specific issues or protocols needed to ensure my safety if applicable:
⬤	**Abuse / Neglect / Exploitation**

Likelihood:

Risks:

Consequence:

Interventions:

⬤	**Behavioral**

Likelihood:

Risks:

Consequence:

Interventions:

⬤	**Environmental / Specialized Equipment**

Likelihood:

Risks:

Consequence:

Equipment:

Interventions:

⬤	**Falls**

Likelihood:

Risks:

Consequence:

Interventions:

⬤	**Legal**

Likelihood:

Risks:

Consequence:

Interventions:

⬤	**Financial**

Likelihood:

Risks:

Consequence:

Interventions:

⬤	**Medical (including allergies, skin integrity)**

Likelihood:

Risks:

Consequence:

Interventions:

⬤	**Other**

Likelihood:

Risks:

Consequence:

Interventions:

Instruction and Support Service Implementation

My ISP identifies my assessed needs and who is responsible to meet those needs – ***please be sure you have read and understand my ISP***. In some cases, it is very straight-forward or there is nothing in an area for which I need your support. In some areas more explanation is needed so you know my unique preferences, ways to best support me, how to provide instruction, or the specific modifications, technology or adaptations to support my needs. That information is below:

INSTRUCTION AND SUPPORT DETAILS – going beyond the ISP:

List strategies & approaches that apply to all areas such as motivation, schedule, approach to use, learning preferences:

Read the categories below – if there is necessary clarification on instruction strategies, supports, or special equipment / protocols that fall in that area; put a checkmark next to the area (domain) and use back of this page to draft:

	Home Living
	Community Living
	Lifelong Learning
	Employment Activities
	Health and Safety
	Social Activities
	Protection and Advocacy
	Medical Supports
	Behavior Supports

Instruction and Support Service Implementation Worksheet

Area / Domain Name	Needed clarification / strategies on Instruction	Needed clarification regarding Supports	Any special equipment or protocols – including what to do if broken

Habilitative Goals

Name	Goal Revision date	Goal#

Residential Guideline Value(s) This goal works toward (check all that apply):

☐ **Competence** ☐ **Health & Safety** ☐ **Integration (Community)** ☐ **Relationships** ☐ **Power & Choice** ☐ **Status**

Goal

Current Baseline	Measurement	By When?

Staff Instructions	Documentation

Criteria and timeline for revision

IISP Goal Quick-Check

IISP Includes:	YES	NO

One-page summary with at least:
    Client Name
    Recent photo
    Summary of risks which present immediate or life-threatening dangers		

Likes / preferences		
Dislikes		
Skills & abilities		
Communication style		
Client's legal first & last name		
Date of ISP included; based on current ISP?		
Date IISP written / revised		
List of people who participated in IISP development (Should include client & guardian, or explanation why it does not)		
Name & signature of IISP writer		
Relevant history		
Reference to other support / service information (such as IFP, FA, PBSP)		
Includes assessment of risks and interventions		
Signatures (or other written consent) of client and guardian		
Minimum of 2 or 3 goals (levels 1-2: 2 / all others 3)		

For each goal, are the following things evident / included:	Yes	No
Why the goal is important to the person		
What self-help, social or adaptive skill will be acquired, maintained or strengthened		
What active role the staff will play in supporting the goal		
Clear instructions for what staff will do		
Clear staff documentation instructions		
Measurement criteria ant timeline		
What is being measured is the person's progress		
Current skill level (baseline)		
Measurement for when the goal will be considered complete		

For each goal, are the following things evident / included:	Yes	No
Why the goal is important to the person		
What self-help, social or adaptive skill will be acquired, maintained or strengthened		
What active role the staff will play in supporting the goal		
Clear instructions for what staff will do		
Clear staff documentation instructions		
Measurement criteria ant timeline		
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For each goal, are the following things evident / included:	Yes	No
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Clear staff documentation instructions		
Measurement criteria ant timeline		
What is being measured is the person's progress		
Current skill level (baseline)		
Measurement for when the goal will be considered complete		