

Developmental Disabilities Administration (DDA)
DDA Specialty Adult Family Home (AFH) Pilot:
Strengths Abilities Interests Learn (SAIL)

Client Name		Date
Adult Family Home	County	AFH Staff Name
What are your greatest strengths?		
What can you do independently and want to continue to do, both at home and in the community?		
What skills do you want to learn?		
How can staff best support you to learn or maintain skills?		
What do you <u>NOT</u> like?		
Dream BIG – Life Goals: If you could do anything in the world?		