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| Text  Description automatically generated |  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 NOT like? |
| Dream BIG – Life Goals: If you could do anything in the world? |