

My Individual Support Plan (ISP) Worksheet



Understanding My Individual Support Plan (ISP)

What is in an ISP?

My plan should be all about what I like to do and want to accomplish. My plan explains who I am, my goals, wants, needs, and achievements!

I will work with my team to find:

- Activities I will enjoy that help accomplish my goals.
- Resources I need to reach my goals. (Housing, transportation, training, etc.)
- Who can support me reaching my goals.

What does *my right* mean?



A right is something that I have which people think should not be

taken away. Rights define expectations about what I am allowed to do or have.



MY RIGHT:
I can invite anyone I want to the ISP meeting.

Who Is On My Team?

- ME! _____
(name)
- Care Coordinator (CC):
_____ (name) _____ (MCO)
- Qualified Professional (QP)
_____ (name) _____ (MCO)





MY RIGHT:
I can invite anyone I want to the ISP meeting.

People I Would Like at My Meeting Are:

| | |
|--|--|
| _____ | _____ |
| <i>Family: Parents, siblings, care partner, other...</i> | <i>Family: Parents, siblings, care partner, other...</i> |
| _____ | _____ |
| <i>Behaviorist/therapist/etc.</i> | <i>Behaviorist/therapist/etc.</i> |



MY RIGHT:
I can request a meeting to update my goals whenever I want.

I Will Schedule My Meeting on This Date:

We will meet and write my plan the month before my birthday.

My birthday this year is. ____/____/____ (Month, day, this year)

We will meet ____/____/____ (My right).

My Team and I will follow my ISP (Plan) for one year ending ____/____/____

Contact _____ (name) _____ (phone)

To understand and fully participate in my ISP meeting, I need: *(technology, breaks, translation, definitions, etc.)*



MY RIGHT:
I choose my goals.

Goals I will talk about during my meeting are:

1. How can I be supported to live where I choose?
2. How would I like to spend my time?
3. How can I learn about ways to get involved in my community?
4. What skills do I still need to live safely?
5. How can I manage my services?



MY RIGHT:
I choose my provider.

I Will Receive:

- A list of possible providers that can help me achieve my goals.
- A copy of my plan to read and approve by signing and returning to _____.