**Supports and Outcome Methods for Intensive Support Services**

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Person name:

Program name:

Completed by:

Date developed (must be within 10 working days of team meeting):

Projected starting date:

Review schedule:

|  | Monthly |  | Quarterly |  | Semi-Annually |
| --- | --- | --- | --- | --- | --- |
|  | Annually (minimum requirements) |  | Other: (as requested) |  |  |

| **Person-Centered Outcome**: (Ensure this goal based on person-centered service planning. Make sure the goal is measurable and observable). |
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| **Supports and Methods**: (How will staff support the person based on the information from the self-management assessment? How will staff persons support the person in achieving the outcome?) |
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| **Criteria for achievement**: (How will you know when the goal has been met? How will staff observe and measure success?) |
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| **Describe how the data is to be collected and charted, including how often**: (How will staff collect the data? How often will staff collect data?) |
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| **Identify any changes or modifications to the physical and social environments necessary**: (How will staff persons adapt the physical or social environment based on what we know the persons needs in order to be successful in making progress toward their outcome?) |
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| **Identify required equipment and materials**: (How will staff assist the individual in gathering anything that they may need in order to make progress toward their outcome?)  |
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| **Identify the person’s communication style:** (How should staff communicate with the person or present information to the person in order to assist the person with making progress toward their outcome?) |
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| **Identify the person’s learning style**: (How does this person learn best? How will staff support the person in way that the individual wants to be taught?) |
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| **Identify the person or position responsible for implementing the support and method**: (insert the name or position responsible) |
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Methods to be implemented to support the accomplishment of outcomes related to acquiring, retaining, or improving skills:

Address additional methods to support the person for non-outcome related needs. Describe how the program will provide services in response the person’s identified needs, interests, preferences, and desired outcomes as assigned in the support plan. Address any other issues as requested by the person, the person’s legal representative if any, or the case manager as part of the support plan addendum:

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Name and signature of Designated Coordinator Date

If you have questions you can contact the Designated Coordinator at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_