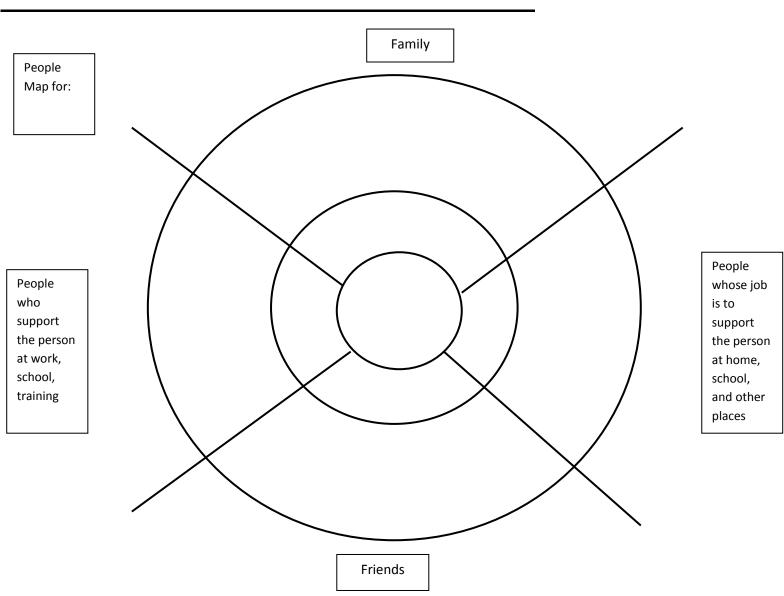
My Own Plan			
		_	
Date of the 1 <sup>st</sup> plan			
Dates the plan was changed			
What do I hope that this plan will help me ac	complish?		

## My Own Plan

Who helped me with this plan?	
(Who gave me information?)	
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Who do I still need to talk to?	
(Others who can help me get more information)	
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My Story	_
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## My Own Plan



Corbrook Awakening Abilities

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My Own Plan
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My	Int	roducti	ion –	Great
Thir	ngs	About	Me	

What do people like and admire about me? What are the good things they say about me? How would I like to be introduced?

•	New Things I have Learned About Myself
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The Dream		
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My Own Plan		
What is Important to Me	What do I want other people to know about are the people that are most important to n things that I have to do (and things I need to	ne? What do I do with them? What are the
•		New Things I have learned About Myself
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My Own Plan	My	Own	Plan
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What are the Characteristics of people Who support me best?

If I was going to pick a new person to work with me (e.g. case manager, staff in a home) what would I look for? What do the people that I like to work with have in common? Have there been people that I couldn't work with? What do they have in common?

•	New Things I have Learned About Myself
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My Own Plan			

# What Others Need to Know Or Do to Support Me

If I am going to have the things that are important to me, and stay healthy and safe, what do people need to know about me? What do they need to do? How do I Need to be supported at home, at work, and when I am out in my community?

•	New Things I have Learned About Myself
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My Own Plan			

What Other People Need to Know Or Do to Help Me Stay Healthy and Safe Do I have medical conditions or mental health issues that other people should know about? Are there times when I need help in managing my medical or mental health?

•	New Things I Have Learned About Myself
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My (	Own Plan			

**Things to Figure Out** 

What are the things that I am still trying to "figure out?" What are the things about me, my condition, or the supports that I get that I don't understand or where I need more information? What are the things that are getting in my way?

•	New Things I Have Learned About Myself
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My Own Plan		

### **How Do I Communicate**

What is happening	What I do	What I think it means	What others should do

## My Own Plan

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## What is Happening in Your Life – The Upside and Downside

Look at what is working and	What I thi	nk – my perspective
not working, makes sense and doesn't make sense in	What works, makes sense, the upside	What doesn't work, doesn't make sense, the downside
your life right now. Think	•	•
about	•	•
<ul> <li>Where you live</li> </ul>	•	•
<ul> <li>What you do during</li> </ul>	•	•
the day	•	•
Who you spend time	•	•
with	•	•
The services that you	•	•
receive to help you stay healthy/safe  Issues with medication – how it	•	•
<ul><li>works, side effects</li><li>What you do for fun</li><li>Other parts of your life</li></ul>		

My Own Plan		

What is Happening in \_\_\_\_\_'s Life – The Upside and Downside

Look at what is working and	What Others	think – their perspective
not working, makes sense and doesn't make sense in	What works, makes sense, the upside	What doesn't work, doesn't make sense, the downside
's life right now. Think about	•	•
<ul><li>Where you live</li><li>What you do during</li></ul>	•	•
<ul><li>the day</li><li>Who you spend time</li></ul>	•	•
<ul><li>with</li><li>The services that you</li></ul>	•	•
receive to help you stay healthy/safe	•	•
Issues with     medication – how it     works side offects	•	•
<ul><li>works, side effects</li><li>What you do for fun</li></ul>	•	•
<ul> <li>Other parts of your life</li> </ul>	•	•
	•	•

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## **Action Plan**

Name:	What can I do to make sure things that are working, continue, or change
Length of Plan:	those things that are not working? What can other people do to keep things
Date of Planning Meeting:	that are working and to change those things that are not working?

GOAL	HOW (ACTIONS)	Who is Responsible	Due Date	What has occurred?	Done ✓