

# Person Directed Plan

My GOAL

NAME:  
DATE:  
PLANNER:  
AREA OF  
DEVELOPMENT:

STRENGTHS:

NEEDS:



Step 1

Step 2

Step 3

Step 4

Who:

Who:

Who:

Who:

When:

When:

When:

When:





## Person Directed Planning- Getting Started

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Lead Agency: \_\_\_\_\_

(If no lead agency, discuss DSTO interim support visit)

*Does individual receive support from the following agencies?*

- |   |  |
|---|--|
| <input type="checkbox"/> Community Living Toronto | <input type="checkbox"/> Family Services Association |
| <input type="checkbox"/> Geneva Centre for Autism | <input type="checkbox"/> Griffin Centre              |
| <input type="checkbox"/> Surrey Place             | <input type="checkbox"/> Other _____                 |

**List services currently receiving:**

\_\_\_\_\_  
\_\_\_\_\_

*Individuals involved in life of Participant:*

Family members: \_\_\_\_\_

Respite worker: \_\_\_\_\_

Peers: \_\_\_\_\_

Other: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_



## Person Directed Planning- Getting Started

### 1. HEALTH/ RECREATION:

*Does the participant have a gym/community centre membership? (name and location)*

\_\_\_\_\_

*List type of exercise(s) participant enjoys most:*

\_\_\_\_\_

\_\_\_\_\_

**Strengths:** \_\_\_\_\_

**Needs:** \_\_\_\_\_

**Goals:** \_\_\_\_\_

### 2. NUTRITION:

*Does participant prepare any snacks or meals independently? If yes, please list.*

\_\_\_\_\_

*List any cooking instruction or class participant has received or is currently receiving.*

\_\_\_\_\_

**Strengths:** \_\_\_\_\_

**Needs:** \_\_\_\_\_

**Goals:** \_\_\_\_\_

### 3. ACCOMMODATION/RESPITE:

*Is participant currently on Residential /Day Waiting list for housing? \_\_\_\_\_*

*Participant currently resides:*

home w/ family  group home  SIL  independently  other \_\_\_\_\_

*Does the participant receive Special Services at Home funding (amount)? \_\_\_\_\_*

*Does the participant access over night respite or have a respite worker? \_\_\_\_\_*

**Strengths:** \_\_\_\_\_

**Needs:** \_\_\_\_\_

**Goals:** \_\_\_\_\_



## Person Directed Planning- Getting Started

### 4. BUDGETING/FINANCIAL:

*Is participant currently receiving ODSP?* \_\_\_\_\_

*Is the participant currently receiving Passport funding (amount)?* \_\_\_\_\_

*Strengths:* \_\_\_\_\_

*Needs:* \_\_\_\_\_

*Goals:* \_\_\_\_\_

### 5. EMPLOYMENT:

*Vocational History (including school co-ops):* \_\_\_\_\_  
\_\_\_\_\_

*Has participant completed any Training Programs (please list)?* \_\_\_\_\_  
\_\_\_\_\_

*List area(s) of interest participant has in a volunteer or paid placement:* \_\_\_\_\_  
\_\_\_\_\_

*Strengths:* \_\_\_\_\_

*Needs:* \_\_\_\_\_

*Goals:* \_\_\_\_\_

### 6. COMMUNITY:

*What is the main form of transportation for the individual?*

TTC-independent  TTC-escorted  Rides / Private Transportation  Other \_\_\_\_\_

*Strengths:* \_\_\_\_\_

*Needs:* \_\_\_\_\_

*Goals:* \_\_\_\_\_



## Person Directed Planning- Getting Started

### 7. RECREATION:

Is participant part of any community programs or activities? If yes explain: \_\_\_\_\_

\_\_\_\_\_

What recreational activities does the participant enjoy: \_\_\_\_\_

\_\_\_\_\_

List other activities the participant would like to do: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Strengths: \_\_\_\_\_

Needs: \_\_\_\_\_

Goals: \_\_\_\_\_

### 8. SOCIALIZATION:

Participant is communicative towards (choose all that apply):

family members  peers  counselors  strangers  other \_\_\_\_\_

List social groups participant has attended or is currently attending:

\_\_\_\_\_

\_\_\_\_\_

Strengths: \_\_\_\_\_

Needs: \_\_\_\_\_

Goals: \_\_\_\_\_

### 9. LITERACY

Does the participant:  read words or sentences  write own name/ address?

Does the participant use a computer independently?  Yes  No  Somewhat

Strengths: \_\_\_\_\_

Needs: \_\_\_\_\_

Goals: \_\_\_\_\_



## Person Directed Planning- Getting Started

### 10. EDUCATION

*Has the individual completed high school?*

Yes  Currently in School  No

*Does participant have interest in education? If so, what program?*

No  Yes (list areas of interest) \_\_\_\_\_

*Strengths:* \_\_\_\_\_

*Needs:* \_\_\_\_\_

*Goals:* \_\_\_\_\_

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Additional Comments/Notes:

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*Next Meeting Checklist*



*Date:* \_\_\_\_\_



*Time:* \_\_\_\_\_



*Location:* \_\_\_\_\_

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*Who I want at my next meeting:*



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*Topics I want to discuss at my next meeting: (eg. nutrition, recreation)*



*What I need to do for the next meeting:*



*People that can help me prepare for my next meeting:*



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*Planner's Name*

*Planner's Phone Number*

*Planner's Email*



*What the planner needs to do for my next meeting:*

