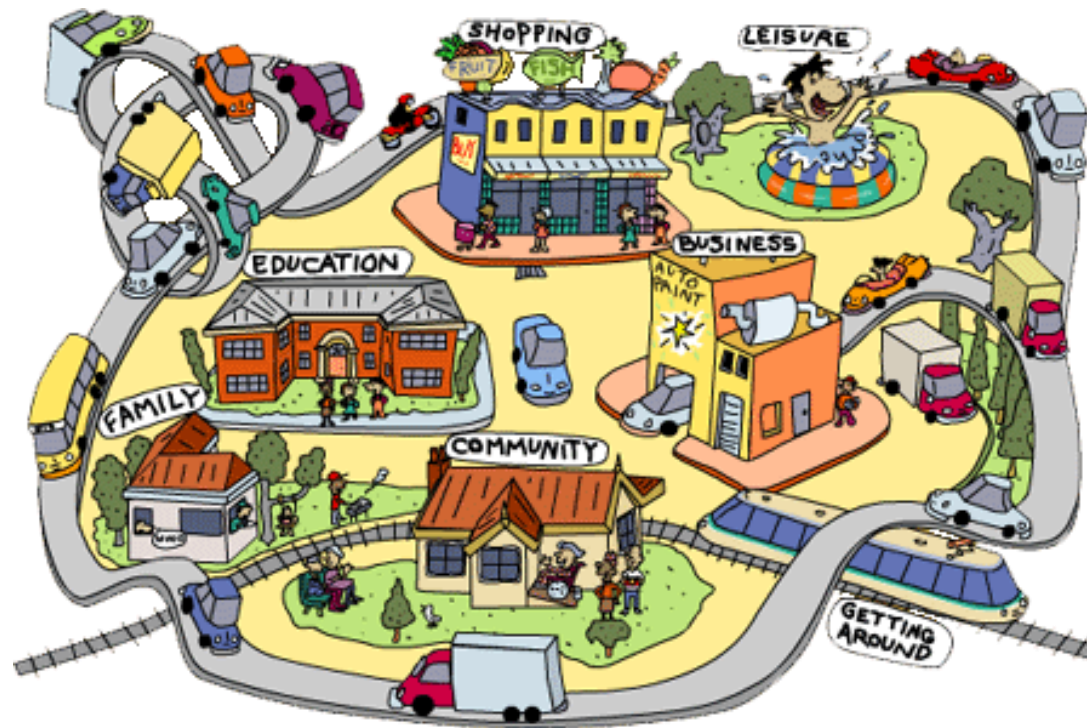


# It's My Life!

**Making Sure that Others Who Help You Know What is Most Important to YOU!**



People with intellectual and developmental disabilities that receive services such as CILA, DT and Home-Based services funded through the Division of Developmental Disabilities will have a Personal Plan developed to guide service delivery. This tool is designed to help you think about and share what is important to you and be an active participant in your planning process. You can ask anyone you want to help you complete this form and share it with the Individual Support Coordinator who is helping you to develop your Personal Plan.

**What are some of the most important things that people should know about you?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Some questions to assist the person in responding**

What makes you happy?

How should people communicate with you?

What people are most important to you?

Is there anyone you don't like being around?

What do you like to do for fun?

**Who are some of the most important people in your life and what supports do you need to stay connected with them?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Who do you like spending time with?

How often do you see your family and friends?

How do staff help you to stay in touch with your family and friends?

**Are you happy with where you live?**



Yes



No

\_\_\_\_\_



Unsure

What are you not happy with in your home?

**What are some things that are most important to you about where you live?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What are some important choices you like to make at your home?

Do you like who you live with?

Is there anything you want to change about where you live?

**Do you like what you do during the day?**

 Yes

 No \_\_\_\_\_

 Unsure

What are some things you'd like to do but aren't?

**Is there anything you would like to do during the day that you aren't doing now?**

 Yes \_\_\_\_\_

 No

 Unsure

What are some things you'd like to do?

**If you don't have a paid job, do you want to learn more about working in the community?**

 Yes

 No

 Unsure




**Where are some of the places you like to go in your community and do you need help to go to them?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Suggest different available options: recreational, religious; restaurants; shopping

What supports do you need to go places?

**Are you satisfied with how often you go to the places you like?**

-  Yes
-  No \_\_\_\_\_
-  Unsure

Where would you like to go more often?

**Do you want help to make new friends?**

-  Yes
-  No
-  Unsure

**What are some of your hobbies or things you enjoy doing for fun at home or during the day?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Do you have access to these things?

Do you need help from someone to do these things?

Are you able to do these things whenever you want?

**What are important choices you want to make in your life?**

1. \_\_\_\_\_

Daily Routine? Meals? How I spend my time?

2. \_\_\_\_\_

Are there any important choices you're not allowed to make now?

3. \_\_\_\_\_

**What are some important ways that other people help you to stay healthy and safe?**

1. \_\_\_\_\_

Medical appointments, medications, diet and exercise

2. \_\_\_\_\_

3. \_\_\_\_\_

How do you manage stress and anger?

**What should others know about how to best communicate with you?**

1. \_\_\_\_\_

Do you like to be talked to in a certain way?

2. \_\_\_\_\_

Do you communicate in ways other than speaking?

3. \_\_\_\_\_

**Do you have any goals for the future that you want others to help you with?**



Yes

\_\_\_\_\_

What are some things you'd like to do?



No



Unsure

**Do you want help from others to develop your Personal Plan?**



Yes

\_\_\_\_\_

Who?



No



Unsure