



Individual Receiving Services: _____

Date: _____

The following questions are designed to assist the planning team in determining the needs and preferences of the individual when developing the ISP. Use the questions to start conversation about what the individual needs to do in order to be successful and self-determined throughout their lives and to help them think about their choices, decisions, and experiences that can help them build the future they desire.

| | Yes/NO or NA | Details regarding the type of support needed or desired outcome: |
|--|---------------------|---|
| Do you avoid common environmental dangers (traffic, sharp objects, hot stove, and poisonous products)? | | |
| Are you able to recognize when someone is taking advantage of you or abusing you (physical, sexual, emotional) and protect yourself? | | |
| Do you know who to contact if you are in danger, being exploited or being treated unfairly? | | |
| Do you need supports due to refusal for services to maintain their health and safety? | | |
| Do you need support in developing and implementing an emergency plan to safely manage emergency situations? | | |
| Do you need support in evacuating your home, taking shelter in the event of a major emergency or Practice safety drills? | | |
| Do you need support in managing /utilizing safety devices in the home? (changing batteries in smoke detectors, CO indicators, flashlights, radio for energies, visual fire alarms) | | |
| Do you need support in contacting emergency services? | | |
| Do you need support to safely regulate water temperature? | | |
| Support to effectively manage strangers who visit home? | | |
| Support to carry and use personal identification? | | |
| Support to ask assistance such as directions to destinations? | | |
| Support to provide medical information to first responders? | | |
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