

SDS Community Specialist Implementation Strategies

Community Specialist service requires that a 'Personal Outcome' to be identified. The Community Specialist may assist in developing the 'Implementation Strategies' or the Individual/Designated may be authorized for Support Broker Services if there is a need information and assistance in order to 'Define goals, needs and preferences'.

Name (Given)		Designated Representative Name:	
Nick name			

	Support provided or Personal Outcome/*Goal area	Frequ/ Dur	Details regarding the type of support needed: (information from ISP) <i>*Goal Information on 2nd page if applicable.</i>
Professional observation and assessment			
Individualized program design and implementation			
Consultation with caregivers			
Provide support advocating for the individual			
Assisting the individual in locating and accessing services and supports			
Assist the individual and the individual's caregivers to design and implement specialized programs to enhance self-direction			
Assist the individual and the individual's caregivers to design and implement specialized programs to enhance independent living skills			
Assist the individual and the individual's caregivers to design and implement specialized programs to enhance community integration, social, leisure and recreational skills.			

**Personal Outcomes
Goal # 1**

Information from ISP

Personal Outcome and related Goal(s):
Information Important to know about the Personal Outcome and related Goal(s): Current situation and things that have been tried or would like to try: Why it is the Outcome important to the individual (and family) <i>in their words if possible:</i>
What personal strengths and assets does the individual have in relation to the Personal Outcome and related Goal(s)::
What technology can be used to achieve the Personal Outcome and related Goal(s)::
What personal relationships does the individual have which can help achieve the Personal Outcome and related Goal(s):
What community resources can be used to achieve the Personal Outcome and related Goal(s):
Frequency, duration of working on Personal Outcome/Goal and Time lines regarding completion of Personal Outcome and related Goal(s)::
If Waiver Supports are needed who is responsible for writing the Implementation Plan:

My Goal(s) related to this outcome:

Teaching strategies:

Objective #1:

Objective #2:

Implementer(s) name:

Freq/Dur:

Location:

Target Date:

Review Scheduled:

My Responsibilities (optional)	My Providers' Responsibilities (optional)

(Example of a quarterly review schedule)

1 st Quarter Review Date: _____	Outcome/Goal Completed: _____	Outcome/Goal Continued: _____
2 nd Quarter Review Date: _____	Outcome/Goal Completed: _____	Outcome/Goal Continued: _____
3 rd Quarter Review Date: _____	Outcome/Goal Completed: _____	Outcome/Goal Continued: _____

4 th Quarter Review Date: _____	Outcome/Goal Completed: _____	Outcome/Goal Continued: _____