PRE-ISP QUESTIONNAIRE (JOB TOOL)

Please bring this completed Job Tool with you to the ISP Meeting. Please take the time to review and make notes in the following areas in preparation for ____________
_____‘s upcoming meeting on (date) __________ at (location) _______________
__________

Your Name/Agency: ____________________________________________________________________________

1. Review the goals for the last ISP and note the ACCOMPLISHMENTS he/she has made:

2. What ACTIVITIES do you think he/she prefers to do during the following times:

   Personal:

   Work:

   Social:

3. What are some of the things you observe him/her doing well? (capabilities and strengths)

4. Based on your conversations with him/her, what is the vision (dreams) for the following areas:

   At work, I want to:

   At home, I want to:

   For fun, I want to:

5. What, if anything, does he/she need assistance with, supports for, and opportunities to accomplish his/her dreams?

6. What else is important to discuss at this meeting (any major changes-positive or negative in his/her life)?

7. Do you have any special concerns/issues about him/her that you want to discuss at this meeting? If yes, explain:

From Two-Day Person-Centered Planning in New Mexico, developed by NMDOH/DDSD (2008).