

Person's Name:

Month & Year:

INDIVIDUAL PLANNING & IMPLEMENTATION

YES NO

A-1	Assessments and other information needed or required for conducting an annual review and preparing an update of the ISP have been provided to the ISC by responsible parties prior to the time that the annual review is conducted, or obtained, as appropriate, by the person's ISC agency.	<input type="checkbox"/>	<input type="checkbox"/>	
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DONE?

YES	NO	ITEMS AND ACTIVITIES COVERED DURING THE ANNUAL REVIEW & PREPARING THE ISP UPDATE:
<input type="checkbox"/>	<input type="checkbox"/>	A-2 Review the current ISP for needed changes and updates. Determine what is working and not working in the ISP.
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	A-3 Complete/Update the Personal Focus section of the ISP. (Note: Decisions made in response to this item are recorded on the ISP planning draft to be distributed to all participants prior to the planning meeting.)
<input type="checkbox"/>	<input type="checkbox"/>	A-4 Determine the desired Personal Outcomes for the ISP, and using the available assessment information, identify the barriers, needs, risks & choices applicable to the desired Outcomes. (Note: Decisions made in response to this item are recorded on the ISP planning draft to be distributed to all participants prior to the planning meeting.)
<input type="checkbox"/>	<input type="checkbox"/>	A-5 Determine the applicability of the General Support Goals in the ISP, including any barriers, choices, strategies that the person, family or legal representative may have around these Goals. (Note: Decisions made in response to this item are recorded on the ISP planning draft to be distributed to all participants prior to the planning meeting.)
<input type="checkbox"/>	<input type="checkbox"/>	A-6 Review all available assessments & evaluations, including most ICAP, risk assessment information, recent physical examination, dental exam, and vision screening, etc., in order to identify barriers, risks and strategies for achieving Outcomes and Support Goals for the ISP. (Note: Decisions made in response to this item are recorded on the ISP planning draft to be distributed to all participants prior to the planning meeting.)
<input type="checkbox"/>	<input type="checkbox"/>	A-7 Review whether any other additional assessments are indicated for determining needs, risks, etc. related to the upcoming ISP. (Note: If additional assessments are indicated, send the pre-meeting ISP draft to the DMRS which is to include identification of the need for the assessment in order to request prior authorization for the completion of the assessment.)

