






Person Centered Planning Tool



Member Name: Care


Manager Name: Date

Completed:




About Me

<p>What do I like about myself?</p> 	
<p>What do others admire about me?</p> 	
<p>What challenges impact me the most?</p> 	





<p>How do I celebrate holidays and culturally important events?</p> 	
<p>How do I communicate?</p>  <p>What might someone new to my life need to know about how I communicate?</p>	





<p align="center">My Goals</p> <p align="center">(including, but not limited to: health, fitness, relationships, friendships, advocacy, independent living, community involvement, education/employment)</p>	
<p>What goals do I have for myself?</p> <p>What would I like to get better at? What would I like to maintain?</p> 	







<p>What do I consider success with my goals?</p> 	
<p>What do I need/What support do I need to reach these goals?</p> 	
<p>What would stand in the way of me reaching these goals?</p> 	

People who support me *(family, friends, staff members, community members, etc.)*

<p>Who supports me on a regular basis?</p>  <p>How does the person/people provide support?</p> <p><i>(attending meetings, emotional support, helps make decisions, provides support for daily hygiene/living tasks...)</i></p>	
<p>Do I have any pets?</p> 	
<p>People who support me should be...</p>  <p><i>(list of characteristics/qualities)</i></p>	
<p>I do not feel supported when someone...</p> 	

Likes/Dislikes	
<p>Some things that make me feel anxious, upset, frustrated, sad, etc.</p> 	
<p>How can the people around me support me when this happens?</p> 	
<p>What makes it worse?</p> 	
<p>Where do I like to go?</p> 	

<p>What am I interested in? Hobbies?</p> 	
<p>I want to learn more about/do more of...</p> 	
<p>Do I want to try something new?</p> 	
<p>Are there activities/places that I do not like to do/go?</p> 	
<p>Are there any personal hygiene products/household items that I prefer?</p> 