

Adaptive Skills Individual Service and Support Plan

Sunday, January 15, 2017 11:18 AM

SERVICE AGENCY'S NAME

ADAPTIVE SKILLS
Individual Service & Support Plan

ISSP's identify specific processes to meet prioritized needs, goals, and outcomes, identified at the IP meeting. ISSP's should detail individualized training and habitation needs of persons to promote optimal levels of independence and hinder skill regression. Please identify all services & supports that will be utilized in this ISSP

Name: _____ **DOB:** _____

Implementation Date: _____ **Projected Date of Completion:** _____

ISSP Goal as it is stated in the IP:

Baseline/current skill level (This should reflect current skill level or abilities, or current concerns prior to starting the program):

Objective(s)/Criterion (describe in observable terms what you would like this person to learn or to do. Describe in measurable terms how well you would like them to do this. State how you will know when they have learned or done it. Identify the conditions under which this should be done. The objectives should relate back to the baseline):

Supports needed (describe any supports needed, in addition to those in the methodology, to make this ISSP successful):

Methodology (This ISSP should be written in detailed step by step instructions so that all staff can assist the person in completing this program & meeting the stated objectives. Include how and when the ISSP will be implemented and how consistent implementation between service agencies will be addressed. State how the person will be prompted and reinforced for doing things correctly):

Data Collection (Data collection should relate back to the objectives and the methodology. Describe how the adaptive behavior to be changed or improved upon will be recorded and tracked. If applicable, discuss how any additional supports will be monitored. An individualized data sheet should be used for each ISSP):



Staff has been trained to implement this ISSP (program manager please date & initial):

Name and title of the person(s) who developed this ISSP:

Name and title of the person(s) who will be implementing this ISSP:

Name and Title of the Person(s) who will be monitoring this ISSP and specific timelines for review:

Date reviewed with person receiving services:

