



Community Based / Individual Supports

(Not applicable when delivering daily rate version of Individual Supports. Only used for 15 minute unit version)

Name: _____

Service Plan Year: _____

ISP Outcome: _____

Service Strategies (check all that apply):

- Assistance with Activities of Daily Living (such as getting dressed, eating, personal hygiene, etc.)
- Assistance with Increasing Community Participation (such as daily errands, attending events, restaurant, purchasing items, travel training, etc.)
- Assistance with Increasing Independence (such as helping the individual learn to do laundry, cook, clean, dress, grocery shop, pay for items, etc.)
- Assistance with On-The-Job Support (such as safety awareness, using the restroom, attending to task, lunch/breaks, etc.)
- Assistance with Learning Activities (such as basic tutoring – math, reading, writing; support in attending a class; etc.)

<u>Date</u>	<u>Start Time</u>	<u>End Time</u>	<u>Individualized Activity</u>	<u>Tell us about the day, and how the activities will help the individual reach the above outcome</u>

Completed By: _____