

Personal Focus Worksheet

Worksheet for:	Who lives at:
----------------	---------------

This worksheet is used to obtain input from the person and Personal Support Team members chosen by the person for the planning and development of the Personal Support Plan (PSP). The person and/or staff member who knows him or her best should complete the entire worksheet as fully and accurately as possible. Team members and those chosen by the person will only complete those items about which they are knowledgeable.

Section I. What's Important (Preferences)

A. Home

<p>Waking What time do you get up? What time would you like to get up? Do you like to be awakened by staff, an alarm clock or some other way?</p>	
<p>Bathing How do you bathe now? Do you like it? Do you prefer a bath or a shower? Morning or night?</p>	
<p>Mealtime What are your favorite foods? Who do you like to eat with? Where do you like to sit?</p>	
<p>Bedtime What time do you go to bed? What time would you like to go to bed? Do you like to fall asleep with lights on, to music, TV or have it quiet?</p>	
<p>Weekends What do you do on the weekend? What would you like to do on the weekend?</p>	
<p>Chores What chores do you do? What chores do you like to do?</p>	
<p>Clothing What do you like to wear? Do you like a particular color, style or brand?</p>	
<p>Grooming Do you have favorite grooming products? Who cuts your hair? Would you like it done somewhere else? How do you like your hair cut or styled?</p>	
<p>Noise/lighting Do you like your home to be quiet or loud? Do you like it to be light or dark?</p>	
<p>Personal possessions What things do you have? What things do you want? How would you like to decorate your room?</p>	
<p>Home Do you like where you live? Do you feel safe? Who are your roommates? Do you like your roommates? Where is your room and do you like your room?</p>	

B. Relationships

<p>Access to family Do you visit your family? Does your family visit you? Who is your favorite family member? Do you call your family? How often do you see or talk to your family?</p>	
--	--

<p>Access to friends Do you have friends? Who are your friends? When do you see your friends? How often do you see or talk to your friends?</p>	
<p>Support needed Do you need help making phone calls, sending cards, writing letters or with transportation?</p>	
<p>Other Contacts Are there other people you want contact with? Are there people you don't want to have contact with?</p>	

C. Activities

<p>Home What do you do in your free time? What would you like to do in your free time?</p>	
<p>Community What do you do in the community? What would you like to do in the community?</p>	
<p>Work/Day Programming Do you have a job or do you attend day programming? Do you like it? Do you earn money? How do you spend your money?</p>	

D. Achievements/Abilities

<p>What are you most proud of?</p>	
------------------------------------	--

Completed by:

Person		Person Who Knows the Person the Best	
Name/Title	Date	Name/Title	Date