**Discovery/Assessment Process**

**Illinois Life Choices Initiative**

**Draft January 2016**

Name Click here to enter text.

Individual’s Phone Number Click here to enter text.

Individual’s e-mail Click here to enter text.

Individual’s birthdate Click here to enter text.

Individual’s preferred name Click here to enter text.

Current Service Providers (if this is an annual review of information) Click here to enter text.

Date(s) of Discovery Process Meeting Click here to enter text.

**Check the applicable status:**

[ ]  Initial Plan Creation - Used when meeting the individual for the first time.

[ ]  Annual Review - Used in preparation for the Annual Service Plan Meeting

[ ]  Revision - Used when individual supports, services or funding changes in the existing or future plan.

**Preparation**

The Discovery/Assessment Process is designed to gather information in order to capture what the person wants in their life and supports needed for living that desired life. It is important to structure the Discovery/Assessment Process so that the individual can take the lead in developing a plan which reflects their interests, preference, future desires and abilities. Some areas for the ISC to consider as they are completing the Discover/Assessment process include:

* What are the individual’s desired location to meet, and desired time, to gather this information?
* Who does the individual want to participate in the planning meeting to assist them in sharing current and future plans?
* What does the individual want to do at the meeting? *Introductions? Lead Meeting? Have meeting done visually?*
* What supports may be needed to promote full participation of the individual? *Visual aides to support the meeting, such as graphics, pictures to understand concepts, pen, paper, sign language interpreter?*
* What is the individual’s best way to convey information about their future?
* How does the individual best make decisions?
* Additional meeting and conversations may need to occur until the individual/family determines that all the information is captured.

**Tips for Gathering Information in the Discovery Process:**

* Speak with the person using first person language and open ended questions - “What do you….” Communication with the individual/family should refrain from canned language, and in easy to understand terminology.
* Ask the individual for input before asking others present in the meeting to respond.
* Allow sufficient time for the individual to formulate thoughts and answer
* Encourage/support multiple styles of communicating thoughts and ideas (pictures, drawing, symbols, words)

**Who did the individual invite to attend their discovery process meeting/s?**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Relationship to individual/Title | Method of Invitation (Did individual, ISC, or family member invite?) | Signature |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Describe the Individual’s participation in the Discovery/Assessment Process** Click here to enter text.

**Self-Description**

|  |  |
| --- | --- |
| What do you think you do well?What do you think others like about you?What is most important to you?When do you feel happy? What makes you feel happy?When do you feel down? What helps you to feel better?What have others done to help you feel better when down?What do others need to know about you?How do you spend your day?Barriers that need to be addressed in this area |  |

**Communication**

|  |  |
| --- | --- |
| What is the best way for you to communicate with others?Do you need assistance to talk to others? If so, what assistance do you need?What is the primary language used in the home?Barriers that need to be addressed in this area |  |

**Relationships**

|  |  |
| --- | --- |
| Who are the people that are most important to you?What makes them important to you?What is the type of people you like to spend time with?What are the types of people you prefer to not spend time with?Barriers that need to be addressed in this area |  |

**Recreation/Interests/Hobbies**

|  |  |
| --- | --- |
| What do you like to spend time doing?Do you have hobbies?What would you like to learn about?Barriers that need to be addressed in this area |  |

**Community Connections**

|  |  |
| --- | --- |
| Are you involved in any group activities?Are you involved in community activities?What community activities sound interesting to learn about?When you’re out in the community, who do you like to visit with?Why do you like to spend time with them?How do you visit with them? Where do you see them at?How often do you like to see those people or do these group activities?Is there anything you would like to do to give back to others?What assistance would you need to be able to spend time in the community?Is there anything in the community that isn’t safe for you to do?Are you comfortable being alone in the community or do you prefer to have others with you? Why?Is there anything you haven’t been able to do in the community that you want to? Why?Barriers that need to be addressed in this area |  |

**Home**

|  |  |
| --- | --- |
| What preferences do you have for where you will live?Describe some things about the people you’ll live with that are important to you?Describe the kind of lifestyle and routine you prefer in your home.What areas of risk exist must be accounted for regarding your home?Barriers that need to be addressed in this area |  |

**Abilities**

|  |  |
| --- | --- |
| Do you need help to get ready in the morning?Do you need help to get ready for bed?Do you need help moving around your home?What household chores do you know how to do?What household chores do you still need to learn about?Do you need any help at mealtime?Do you decide how to spend your day?How do you like others to assist you in making a decision?How do you handle your money?Where do you get your money from?Is there anything where you live that you think isn’t safe for you to do? Why?Are you comfortable being alone at home, or do you prefer to others be with you? Why?Barriers that need to be addressed in this area |  |

**Cultural Considerations**

|  |  |
| --- | --- |
| Do you identify yourself to be a part of a particular cultural group?What are the cultural customs you like to practice as part of that?Do you have any spiritual connections or interests that you want to develop or maintain?Barriers that need to be addressed in this area |  |

**Hopes/Dreams**

|  |  |
| --- | --- |
| What do you want your future to look like?What would you need to learn to get there?What are your time frame for achieving these dreams?Who do you want to assist you in learning it?What is most important to you to achieve first?How will you know if you’ve achieved your hopes/dreams?Barriers that need to be addressed in this area |  |

**Health Status**

|  |  |
| --- | --- |
| Tell us about your health.Do you have a doctor(s) that you go to?What health area do they assist you with?Are you taking any medications? Is there anything you would want others to know about how you hear, your vision, your dental, or your health?Do you have a special diet that you follow for your health?What assistance do you need to maintain your health?Do you have any food, medication, or environmental allergies?Barriers that need to be addressed in this area |  |

**Career**

|  |  |
| --- | --- |
| Is earning your own money important to you?What have you done for work in the past?What are you currently doing for work?What would you like to do for work?What would you need to learn to that type of work?What assistance would you need when in a work situation? |  |

**Other Supports**

|  |  |
| --- | --- |
| Do you need any assistance or supports that we haven’t already talked about? |  |

**Next Steps**

Recognizing that the Discovery/Assessment process is ongoing and fluid, the information contained in this document can always be updated and will be reviewed and updated at least annually. The information captured during this process is used to develop the Personal Plan which summarizes key and critical areas of the person’s life. The Discovery/Assessment portion of the Personal Plan is shared with provider organizations selected by the person/family. The provider organization(s) selected by the person/family will then create a Service Implementation Plan that is a component of the Personal Plan, to provide guidance and direction to staff in addressing the person’s goals and priorities.