

**IL Department of Human Services**  
**Division of Developmental Disabilities**  
**Bureau of Quality Management**  
**FY19 Personal Outcome Measure**

**Person:**

**Date of Interview:** \_\_\_\_\_ **Initials of Interviewer** \_\_\_\_\_

	<b><i>Personal Outcome Measures (ADD ONLY) – (Guidance Personal Outcome conversation and decision-making worksheet):</i></b>	<b>Outcome</b> Present – 1 Not Present - 0	<b>Support</b> Present – 1 Not Present - 0
1	People are connected to natural supports		
2	People have friends		
3	People choose where they work		
4	People choose personal goals		
5	People participant in the life of the community		
6	People are safe		
8	People have the best possible health		
8	People exercise rights		
9	People are free from abuse and neglect		
10	People choose where they live		

## Personal Outcome Measures Recommendations to Agency

Based on time spent getting to know the person during the Personal Outcome Measures meeting, make up to five recommendations for the person and his/her planning team:

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5. \_\_\_\_\_

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