

Ligas Transition Service Plan Review Checklist

Individual's Name:	
Type Residence:	
Type Daytime Activity:	
Age:	
Guardian (if applicable):	
ISC Agency:	
ISC Agent:	
Plan Completion Date:	
Reviewed by:	
Reviewed date:	

Review Background: This review of the Ligas Transition Service Plan is provided as part of a technical assistant process to ISC agencies. It is intended to assist the Independent Support Coordinator with improving the transition planning process and the services and supports to the individual.

Overall Summary

Major Strengths of Plan

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Major Weaknesses of Plan

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**Ligas Transition Service Plan
Review Checklist**

		Plan Quality		
		Improvement	Needs Proficient	Excellent
Domains	Improvement Needed/ Comments			
1. Personal Background and Social Summary				
2. Where does the person want to live?				
3. Preferred Living Arrangement: (Include choice/ discussion of shared bedroom, identify risk factors).				
4. Is there anyone the person wants to live with or not live with?				
5. Preference of Employment, Earning Money, Volunteering, Alternative Day Activity, Continuing Education: (Include choice/ discussion of earning money, supported and customized employment, job coaching, self-employment, the discovery process).				
6. Community Opportunities:				
7. Personal Preferences: (Include likes and dislikes).				
8. Family Involvement/ Relationships:				

Ligas Transition Service Plan Review Checklist

		Plan Quality		
		Needs Improvement	Proficient	Excellent
9. Communication Skills: (Include AT & communication assessments or therapy)				
10. Mobility:				
11. Personal Care:				
12. Meal Time Assistance:				
13. Special Dietary Needs:				
14. Personal Decision Making: (Include decisions Class Member does make).				
15. Adaptive Equipment/ Protective Equipment (Include unmet need for equipment).				
16. Behavior Support Needs: (Include summary of behavior, frequency, severity, antecedents, duration and last episode).				
17. Medical / Physical Well-Being: (Summarize medical history, include need for therapies (OT, PT).				
18. Medications: (Include a summary list of medications).				
19. Legal Issues:				
20. "Other Risk" Not Identified Above or Human Rights Restrictions: (Include critical past traumatic events).				
21. Summary of Past Transition and/or Supports: (Current/Past Services and Supports, Social Summary and Residential history)				

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		Plan Quality		
		Improvement	Needs Proficient	Excellent
22. Support Needs and Time Table for Transition:				
23. Transition to new ISC Agency:				
24. Date the ISC met with the individual:				
25. Date the ISC met with the guardian, if applicable:				
26. Describe the Class Member's participation in the plan?				
27. People who participated in the development of the Transition Service Plan. (The <i>Ligas</i> TSP meetings shall be held face-to-face between the individual and the QIDP).	Indicate with [X] those that participated: <input type="checkbox"/> Individual <input type="checkbox"/> Guardian (if applicable) <input type="checkbox"/> ISC (QIDP) <input type="checkbox"/> Other (Include Title)			
28. Approval of Transition Service Plan	<input type="checkbox"/> Individual signature <input type="checkbox"/> Guardian(s) signature (if applicable) <input type="checkbox"/> ISC signature <input type="checkbox"/> Other (detail)			
Additional Comments				
