

# LTSP Quality Review

**Identifying Information**

SSN

Name

Current Residence Type Identified

Type of current Emp/Day Activity Identified

Date of Birth

Guardian ("Self" if legally competent) Identified

ISC Agency

ISC Agent

ISC Agent email

LTSP Completion Date

ID info recorded on LTSP

BTS Review Date

By:

**OVERALL SCORE**

Additional Notes

**SCORING KEY**

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**Identifying Information**

0 = Information not recorded  
1 = Information is recorded

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**Domain Score**

1 = Needs Improvement  
2 = Proficient  
3 = Excellent

Domains Score		Improvement Needed/Comments
1) Personal Background and Social Summary	<input type="text"/>	
2) Where does the person want to live?	<input type="text"/>	
3) Preferred Living Arrangement	<input type="text"/>	
4) Anyone he or she does/does not want to live with?	<input type="text"/>	
5) Preference of Employment/Day Activity/Educ., etc.	<input type="text"/>	
6) Community Opportunities	<input type="text"/>	
7) Personal Preferences	<input type="text"/>	
8) Family Involvement / Relationships	<input type="text"/>	
9) Communication Skills	<input type="text"/>	
10) Mobility	<input type="text"/>	
11) Personal Care	<input type="text"/>	

Name

12) Meal Time Assistance	<input type="checkbox"/>	
13) Special Dietary Needs	<input type="checkbox"/>	
14) Personal Decision Making	<input type="checkbox"/>	
15) Adaptive Equipment	<input type="checkbox"/>	
16) Behavior Support Needs	<input type="checkbox"/>	
17) Medical / Physical Well-Being	<input type="checkbox"/>	
18) Medications, including ability to self medicate	<input type="checkbox"/>	
19) Legal Issues	<input type="checkbox"/>	
20) "Other Risk" or Human Rights Restrictions	<input type="checkbox"/>	
21) Summary of Past Transition and/or Supports	<input type="checkbox"/>	
22) Support Needs and Time for Transition	<input type="checkbox"/>	
23) Transition to new ISC agency	<input type="checkbox"/>	
24) Date ISC met with Class Member	<input type="checkbox"/>	
25) Date ISC met with guardian, if	<input type="checkbox"/>	
26) Class Member's participation in the plan	<input type="checkbox"/>	
27) People who participated in plan	<input type="checkbox"/>	
28) Approval of the LTSP	<input type="checkbox"/>	