

## INDIVIDUAL SUPPORT PLAN WORKSHOP TRAINING PROGRAM

Employee's Name: \_\_\_\_\_

Date of Plan (required annually): \_\_\_\_\_

Date employee entered the Training program: \_\_\_\_\_

Projected date employee will exit the Training program: \_\_\_\_\_

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Sheltered workshop training provides targeted, time limited and goal oriented training. Sheltered workshop training in this context is not to be used as full time, ongoing training, employee production supervision or personal care. The goal is to fade supports as new skills are acquired and maintained.

Please check the appropriate box below indicating the reason for the employee's entrance into the Training Program.

New Employee:

Date of Hire: \_\_\_\_\_

New Employee Training/Orientation

Current Employee:

Increase employment skills (i.e. learn new or increase skill sets, improve productivity and accuracy, increase time on tasks)

Prevent deterioration in skill level

Improve employee performance (i.e. tardiness, distractions, interruptions, etc.)

Increase employee safety

Improve employee behaviors - If support needs include behavior supports, workshop must contact the St. Louis Regional Office Support Coordinator to obtain the employee's intervention or behavior support plan. The workshop must implement the intervention or behavior support plan and document services provided (attach intervention/behavior plan or documentation of contact with SLRO SC to obtain intervention/behavior support plan).

**Training Outcomes/goals:** Must be targeted at the identified area needing improvement (the reason the employee entered the training program).

- Outcomes must include time limited action steps to achieve the goal.
- Outcomes should be achievable in 6 month increments and be adjusted or added as the employee successfully achieves each outcome (reviewed quarterly).
- Outcomes must be individualized and measurable.
- Must document how progress towards stated outcomes will be measured.
- Must document timeline(s) for completion.

**INDIVIDUAL SUPPORT PLAN  
WORKSHOP TRAINING PROGRAM**

**Outcome #1:** \_\_\_\_\_

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**Goal #1:** \_\_\_\_\_

\_\_\_\_\_ by (date): \_\_\_\_\_

**Goal #2:** \_\_\_\_\_

\_\_\_\_\_ by (date): \_\_\_\_\_

**Goal #3:** \_\_\_\_\_

\_\_\_\_\_ by (date): \_\_\_\_\_

**Outcome #2:** \_\_\_\_\_

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**Goal #1:** \_\_\_\_\_

\_\_\_\_\_ by (date): \_\_\_\_\_

**Goal #2:** \_\_\_\_\_

\_\_\_\_\_ by (date): \_\_\_\_\_

**Goal #3:** \_\_\_\_\_

\_\_\_\_\_ by (date): \_\_\_\_\_

**Outcome #3:** \_\_\_\_\_

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**Goal #1:** \_\_\_\_\_

\_\_\_\_\_ by (date): \_\_\_\_\_

**Goal #2:** \_\_\_\_\_

\_\_\_\_\_ by (date): \_\_\_\_\_

**Goal #3:** \_\_\_\_\_

\_\_\_\_\_ by (date): \_\_\_\_\_

**INDIVIDUAL SUPPORT PLAN  
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How will the employee be supported to meet their outcomes/goals:

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How often are these supports provided (how many times a day and for how long each time)?\_\_

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Are supports provided individually or in a group (if group, put average ratio)? \_\_\_\_\_

**SIGNATURES:**

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\_\_\_\_\_  
Employee Date

\_\_\_\_\_  
Guardian (if applicable) Date

\_\_\_\_\_  
Training Coordinator (or staff completing support plan, if different) Date

\_\_\_\_\_  
Additional Attendee (Regional Office Support Coordinator, etc.) Date

# INDIVIDUAL SUPPORT PLAN WORKSHOP TRAINING PROGRAM

## Quarterly Progress Reviews

Progress is measured on the employee's Progress Notes and should be reviewed quarterly in conjunction with the Support Plan. Outcomes/goals should be adjusted accordingly and documented below. Any changes to the employee's needs, or supports should also be noted. Attach additional pages if necessary.

### 1st Quarter Progress (note any changes): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Were there any changes made to the ISP?	yes	no
Did you obtain new signatures with dates?	yes	no

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### 2nd Quarter Progress (note any changes): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Were there any changes made to the ISP?	yes	no
Did you obtain new signatures with dates?	yes	no

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### 3rd Quarter Progress (note any changes): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Were there any changes made to the ISP?	yes	no
Did you obtain new signatures with dates?	yes	no

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date