

SAMPLE  
INDIVIDUALIZED SUPPORT PLAN  
POST EMPLOYMENT

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Project Name Here: XYZ Post Employment

Individual's Name: Joe Date: September 16, 2008

Identification Number: \_\_\_\_\_

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This document is completed by the individual and significant people in the individual's life. The plan must identify the need for/extent of the service/support as well as the level/type of support to be provided. The plan identifies the projected outcomes and support needs of the individual. Outcomes must relate back to the PLB outcomes. Agencies will use Person Centered/Individual Support Plans in the delivery of service/supports to consumers.

**Identify and list individual's need for and extent of the service support to be provided:**

**Joe will need support with accessing inclusive community resources and meeting new friends with his community.**

**Discuss the level and type of support/service to be provided:**

**Joe will receive one to one support which will be reduced as Joe gains the skills need to be independent.**

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**Outcome:** Persons with developmental disabilities form new relationships that support them in their transition to retirement and community.

**Goal #1** **Joe will volunteer at the local senior center twice weekly with staff assistance.**

**Goal # 2** **Joe will be supported in registering and attending art classes offered by Oasis.**

**Outcome:** Persons with developmental disabilities maintain relationships that support them in their transition to retirement and community.

**Goal #1** **Joe will be supported by staff in attending activities and functions provided by his church weekly.**

**SIGNATURE PAGE**

List of individuals who contributed in the development of the individual's support plan:

Consumer's signature	Date
Guardian's Signature	Date
Coordinator's signature	Date
Staff completing support plan (if different)	Date