

Devereux CARES Person-Centered Futures Planning Meeting

Student Name:

Student Age:

Date of Meeting:

Participants:

I. Important Relationships-

A. Family/Home:

B. School and/or Work:

C. Community:

II. Likes and Dislikes-

A. Social Interactions

1. Likes-

2. Dislikes-

B. Recreation and Leisure Activities

1. Likes-

2. Dislikes-

C. Sensory Input

1. Likes-

2. Dislikes-

D. Community Outings

1. Likes-

2. Dislikes-

E. Chores/Work

1. Likes-

2. Dislikes-

F. Foods

1. Likes-

2. Dislikes-

G. Environmental Variables

1. Likes-

2. Dislikes-

III. Description of Communication, Social Skills, and Behavioral Issues

A. Expressive Communication-

B. Receptive Communication-

C. Social Skills-

D. Interfering Behaviors-

IV. Necessary Supports

A. Staffing-

B. Behavioral-

C. Visual Supports-

D. Environmental-

V. Medical and Physical Needs

A. Description of Medical Needs-

B. Description of Physical Needs-

VI. Family's Vision for the Future (Post-21 Years)

A. Residential Living-

B. Employment-

C. Community Integration-

D. What Would Be an Ideal Post-21 Week (in terms of employment and volunteering, other forms of community integration, social events, and so on)?

VII. Annual Goals for Employment Education

VIII. Action Plan Items for Upcoming Year

Please describe item and determine the person or people responsible.

| Action Item | Person(s) Responsible | Date for Completion |
|-------------|--------------------------|------------------------|
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