

Personal Support Plan

Name:

Effective Date of Plan:

Meeting Agenda and Notes

Give details of the team's decision, discussion, and any follow up.

Effective Date of PSP: _____

Location and Time of PSP: _____

Individual choose the time and location of PSP: Yes No If Not, Why? _____

Introductions of team members: Yes No _____

4th Quarter Report Reviewed: Yes No _____

Health Checklist / Medical Info. Reviewed: Yes No (Reviewed at Pre-PSP meeting)

Other Assessments Reviewed: Yes No (Reviewed at Pre-PSP meeting)

Positive Personal Introduction Shared: Yes No _____

Review Vision, Develop Outcomes, Yes No _____

Action Statements and identify Action Plans: Yes No _____

Summarize the discussion of significant topics, disagreements, recommendations, decisions, and responsibilities: