Parent / Guardian Questionnaire

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| Name of Individual: Click here to enter text.  | Parent/Guardian Name: Click here to enter text. |

*Please complete the following questions and return it to me prior to the Support Plan meeting, which is scheduled for* Click here to enter a date *. This information will assist in preparation for the meeting and developing the new Support Plan.*

1. Have there been any changes in your information; such as address, phone, family status, your ability to care for person served? Click here to enter text.
2. Are there any issues that need to be addressed? Click here to enter text.
3. What progress or lack of progress have you seen regarding completion of goals? Click here to enter text.
4. Tell me about any barriers you see regarding completion of his/her goals? Click here to enter text.
5. What has been working with current supports? What does the provider need to do more of?

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| Residential Services: Click here to enter text. |
| Day Program: Click here to enter text. |
| TCM services: Click here to enter text. |
| Personal Care Services (PCS): Click here to enter text. |

1. Are there any goals he/she has told you they would like to work on? Click here to enter text.
2. Have there been any major medical concerns or changes to his/her support needs that you would like to address? Click here to enter text.
3. Is there anything you feel needs to be changed / modified /added in the Support Plan? Click here to enter text.