Direct Support Professional (DSP) Questionnaire

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| Name of Individual: Click here to enter text. | Date sent to program: Click here to enter a date. |
| TCM Agency: Click here to enter text. | Service: Click here to enter text. |
| Return to: Click here to enter text. | Date returned to TCM: Click here to enter a date. |

Name of DSP providing input: Click here to enter text.

*This questionnaire was developed to ensure that all support team members have the ability to provide input into the Person Centered Support Plan, even if they are unable to attend the meeting. Please answer the questions and return this form to your supervisor. Your answers will be taken into consideration when developing the new Support Plan.*

1. What new developments have you seen (any changes in their life, family, friends / fears / no longer a fear)? Click here to enter text.
2. In regards to supports, what is working and what is no longer working? Click here to enter text.
3. Is there anything in the current plan that needs more explanation? Click here to enter text.
4. What new activities has the individual tried, what activities do they seem to enjoy, or are there any activities they no longer enjoy? Click here to enter text.
5. Please explain any new skills that you have observed or any decline in current skills. Click here to enter text.
6. What do you think should be removed from the current Support Plan and why? Click here to enter text.
7. What helpful information should be added to the plan, based on your work with the individual? Click here to enter text.

Thank you for the support that you provide to each individual served. You are greatly appreciated and your input into the Support Plan is extremely valuable.