Direct Support Professional (DSP) Questionnaire

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| Name of Individual: | Date sent to program: |
| TCM Agency: | Service: |
| Return to: | Date returned to TCM: |

Name of DSP providing input:

*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)?
2. In regards to supports, what is working and what is no longer working?
3. Is there anything in the current plan that needs more explanation?
4. What new activities has the individual tried, what activities do they seem to enjoy, or are there any activities they no longer enjoy?
5. Please explain any new skills that you have observed or any decline in current skills.
6. What do you think should be removed from the current Support Plan and why?
7. What helpful information should be added to the plan, based on your work with the individual?

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.