ME Sheet

*The intent of this form is for the TCM or other support team member to have a conversation with the individual and get responses to these questions.*

|  |  |
| --- | --- |
| My Name:  | Date:  |

1. Something I want everyone to know (celebrations, accomplishments):
2. Achievements from last year (including goals):
3. I want (preferred lifestyle, social activities, etc):
4. What do I need for independence (supplies, technology, supports):
5. I wish (dreams):
6. Things that I don’t like:
7. New goals for myself:
8. How can we help you?