Parent / Guardian Questionnaire

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| Name of Individual:  | Parent/Guardian Name:  |

*Please complete the following questions and return it to me prior to the Support Plan meeting, which is scheduled for (INSERT 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?
2. Are there any issues that need to be addressed?
3. What progress or lack of progress have you seen regarding completion of goals?
4. Tell me about any barriers you see regarding completion of his/her goals?
5. What has been working with current supports? What does the provider need to do more of?

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| Residential Services:  |
| Day Program:  |
| TCM services:  |
| Personal Care Services (PCS):  |

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