

Individual Service Plan



Customer Name: Billy West

DOB: 22/01/1985

Address: 18 Eastern Terrace

Ph: 9200 2020

Myaree, WA 6154

Ph: 0422 200 222

Key Worker: Reg Caremore

Date of Plan: 18/08/2011

Review Date: 10/07/2012

PART ONE: INDIVIDUAL SERVICE CONSIDERATIONS

Customer	Family/Group Home	Interchange
<ul style="list-style-type: none"> Unsteady on feet Requires healthy food 	<ul style="list-style-type: none"> Lives with parents No transport issues 	<ul style="list-style-type: none"> Billy lives within 15 minutes from Myaree office. Selective pairing with other clients.

PART TWO: INDIVIDUAL SERVICE OBJECTIVES

OBJECTIVES WHAT are my goals?	STRATEGIES HOW will the goals be reached?	WHEN will the goals be reached?	WHO will be involved?	OUTCOME Were the goals reached?
Participation: <ul style="list-style-type: none"> Improve social etiquette especially around meal times. 	<ul style="list-style-type: none"> Prompt Billy to breathe through his nose as much as he can so he can close his mouth when eating. Prompt and assist Billy to hold and use cutlery properly when having lunch. 	<p>18/01/12</p> <p>18/06/12</p>	<p>Reg Caremore & co-ordinators as required.</p>	

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Independence: <ul style="list-style-type: none"> Improve Billy's walking ability with his walking frame. 	<ul style="list-style-type: none"> Prompt Billy to hold the frame closer to his body when walking. Prompt to 'slow down' and 'take your time Billy' when walking. 	<p>18/01/12</p> <p>18/01/12</p>	<p>Reg Caremore & co- ordinators as required.</p>	
Learning: <ul style="list-style-type: none"> Increase skills in the water. Increase safety awareness around water. 	<ul style="list-style-type: none"> Continue to take Billy to Freo Aquatic Center once per week. Liaise with parents to purchase a buoyancy board for Billy. Prompt awareness of safety around edge of pool etc. 	<p>Ongoing</p> <p>18/01/12</p> <p>Ongoing</p>	<p>Reg Caremore & co- ordinators & Aquatic Centre Staff as required.</p>	

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Community: <ul style="list-style-type: none"> Enhance and build relationships within the community and range of activities enjoyed by Billy. EXAMPLES: <ul style="list-style-type: none"> Enhance and build relationships at the Fremantle Aquatic Centre Enhance and build relationships at the Drama Group. 	<ul style="list-style-type: none"> Continue to foster relationships on Fridays at the Aquatic Center. Continue to foster relationships at Drama group at Challenger Hall & Warnbro Church Explore other interests such as Music Group. Involve in Interchange picnic days and other socialization activities. 	<p>Ongoing</p> <p>Ongoing</p> <p>18/03/12</p> <p>Dec 2011</p>	<p>Reg Caremore & co-ordinators & Aquatic Centre Staff & Drama group staff and clients.</p>	
Other personal goals: <ul style="list-style-type: none"> Billy has expressed and interest in things to do with flying and aircraft. 	<ul style="list-style-type: none"> Consider possibility of Billy learning to fly a kite in open park or beach area. Possible excursion to aviation museum. Possible excursion to Jandakot airport. 	<p>18/03/12</p> <p>18/06/12</p> <p>10/08/12</p>	<p>Reg Caremore & co-ordinators as required.</p>	

PART THREE: JOINT DEVELOPMENT & REVIEW OF THE INDIVIDUAL SERVICE PLAN

Developing the Plan	Reviewing the Outcomes
<p>Does this plan explain your choices, needs and goals? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comment as necessary:</p> <p>.....</p> <p>.....</p>	<p>Do the outcomes reflect your choices, needs and goals? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comment as necessary:</p> <p>.....</p> <p>.....</p>
<p>Are you satisfied with the amount and type of support promised by Interchange in this plan? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comment as necessary:</p> <p>.....</p> <p>.....</p>	<p>Are you satisfied with the amount and type of support received to help you achieve your goals? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comment as necessary:</p> <p>.....</p> <p>.....</p>
<p>Are you satisfied with the involvement you (and/or your family member or advocate) has had in the development of this plan? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comment as necessary:</p> <p>.....</p> <p>.....</p>	<p>Do you have any other comments that might help Interchange improve our services to you? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comment as necessary:</p> <p>.....</p> <p>.....</p>

PART FOUR: OUR INDIVIDUAL SERVICE PLAN AGREEMENT

We agree to work together as partners to achieve the goals in this Interchange Service Plan and to take an active part in the strategies that have been outlined. We also agree that any changes to the circumstances which may affect the goals in this plan will be discussed openly with each other as soon as possible.

All parties to this Service Plan Agreement to print their names and sign below:

Name	Signature	Date
Customer:		
Guardian/Advocate:		
Key Support Worker:		
Manager:		
Other Attendee (state relationship):		