

Cherokee Training Center Consumer Pre- ISP Survey

Name: _____ Program: _____ Date: _____

1. Do you like coming to the Center? Do you want to continue to come here?
2. Are you treated well?
3. What do you like to do while at the Center?

4. Do you work in the community? If not, do you want a job in the community? If so, where would you like to work?

Why?

5. What would you change about the Center?

6. When you have a problem, can you talk to staff about the problem?

7. Do you get to make choices about what you do while at the Center?
What do you like to do?

8. What do you not like to do?

9. What is something you are good at doing?

10. If you could do anything in the world, what would you do?

11. If you could live anywhere in the world, where would you live?

12. Do you have any specific goals you want to work on next year?

Family Pre – ISP Survey

Name: _____ Program: _____ Date: _____

1. What is _____ good at doing?
2. What does he / she not like to do?
3. What do you see in the future for him / her? (Living arrangements, work, retirement etc.)
4. Have you made plans / arrangements for the future when you will no longer be able to care for him / her?
5. What is his / her favorite pastime, vacation or activity away from the Center?
6. Would you like for him / her to have a part time job? If so, would you be willing to help with transportation? If not, what is your reason / concerns?
7. Do you feel that he / she enjoys coming to the Center?
8. Who is his / her favorite person to spend time with away from the Center? Does he / she visit them or do they visit him /her at home?
9. If he / she could do anything in the world, what do you think that would be?
10. If he / she could live anywhere in the world, where do you think that would be?
11. Are there specific goals that you would like to see worked on this year?

Pre – ISP Survey

Name: _____ Program: _____ Date: _____

Assessment Tool: _____ Date Completed: _____

Strengths	Skills / Abilities
Needs / Problems	Barriers

Does this person need any specialized equipment or Assistive Technology?

Note any changes in adaptive functioning ability due to changes in living environment, health, or declining abilities, etc.

Recommended Goals for next year:

Completed By: _____ Title: _____