



PREP -IP Discussion Tool

| | | | |
|--------------------------|--|-----------------------|--|
| Individuals Name | | Prep-IP Date | |
| Meeting Attendees | | Annual IP Date | |

| | | |
|--|---|---|
| Vocational or Employment Services | Vocational Services | Employment Services |
| Guardianship | | Staff Ratio |
| Water Temperature | | Medication Admin? Yes <input type="radio"/> No <input type="radio"/> |
| Transportation | | Add on Supports? Yes __ hours No <input type="radio"/> |
| Residential: Home or Agency | Home <input type="radio"/> Agency <input type="radio"/> | Unsupervised Time Yes <input type="radio"/> No <input type="radio"/> |

Behavior Plan

Yes No

If yes...

Target Behaviors:

Self- injury, Aggression, Disruption and PICA

My Program Service Information

Day Habilitation?

| | |
|--------------------------|--|
| Location | |
| Shifts | |
| Pay Rate (if applicable) | |
| My Program Staff | |
| Tasks | |
| Issues/Concerns | |

Additional Pre-Vocational or Skill Development and/or Training Information

(Motor Skills/Sign Language/Social Interactions)

| | |
|---|--|
| Days | |
| Transportation | |
| Identified Prevocational/ Developmental Skills Trainings | |