Instructions for the Personal Profile
Explanation of Frames

The Personal Profile is an information gathering system that creates a positive portrait of the focus person by working with the consumer, family, friends, and other associates. Elements of the Personal Profile include person centered concepts, principles and materials used with permission from The Learning Community for Person Centered Practices. Find out more at www.learningcommunity.us. In addition, Personal Outcome Measures® (POMs) developed by the Council on Quality and Leadership are incorporated into the tools to provide additional perspective on some of the concepts and to provide consistency between the community provider certification process and the person-centered assessment and planning processes. Questions and decision-making about the POMs outcomes and supports can be used to elicit information in the various sections of the tools. Find out more at www.thecouncil.org.

A graphic recording of the process, and creation of a group memory is achieved through the use of Profile picture frames, each of which is written on a large piece of easel paper (to be transcribed on standard size paper later), and hung on the wall to give each participant a visual representation of the focus person's unique story.

The focus person should participate as much as possible in the development of the Profile. It is also very important that other people be present that know the focus person very well and have access to records and pertinent information. These other individuals may include paid staff of the residential home or day setting, family, social worker, friends, etc. The important thing is that people who know the focus person and his/her history well participate in developing the Profile.

The Frames process provides us with an invaluable tool for developing a history and rich personal profile of the focus person, and helps us to become familiar with his/her life experiences. We should be especially sensitive to those experiences that have been wounding and devaluing to them.

An information release form should be signed before the Personal Profile Frames process is started. All participants should respect the private nature of this information and the focus persons' reputation at all times.

The information gathered in the Frames process becomes the foundation for establishing a Circle of Support Team and developing a person centered (or directed) action plan called the PATH (Planning Alternative Tomorrows with Hope), developed by Jack Pearpoint, Marsha Forest and Jack O'Brien.

Prior to beginning the Personal Profile Frames process, the rules of conduct are established and posted for the meeting. These "ground rules" may be unique to the focus person and should incorporate the philosophy behind person-centered planning.

Participants should be seated so that they can observe all the frames that are posted (using tape & markers that will not damage the wall surface). Although generally, the Frames process will proceed in a somewhat linear fashion, sometimes it will be useful to record on several different Frames at the same time to capture important dialogue during the course of the meeting.

For recording purposes, the Personal Profile Frames are available in two different 8.5 X 11 graphic computer formats; MS PowerPoint & MS Word. The PowerPoint version allows insertion of text boxes to record content. The MS Word version utilizes the "Forms" feature to permit entry of text content without rearranging page formats. If desired, customized page development can be accomplished by clicking on the Unprotect Document option in the Tools menu and using the Tools Toolbar.

Personal Profile Frames

- Personal Profile Meeting: Who is here?
- What is important to me, and What is important for me?
- Who are the people in my life?
- Where do I go in the community?
- What is my life story?
- What is my current health?
- What are my daily routines?
- What choices and decisions do I get to make?
- What gains and loses respect for me?
- What works for me and does not work for me?
- What are our hopes and fears? (Optional)
- What are the barriers and opportunities? (Optional)
- What are the major themes?
- What do the team/others need to know/do to support me?
- What additional things should we know and do?
- What are the primary ways that I communicate? (Optional)
- What are our short-term goals for the future? (Optional)
- To Do List (Optional)
- Administrative Appendix (Optional)

Personal Profile Meeting: Who is here?

Each person present should introduce themselves to the focus person and the group by giving their name, relationship to the focus person and how long they have known the focus person. Contact information made available to the facilitator or transcriber should include phone, fax, email, agency name and mailing address.

What is important to me?

Describe what the person perceives as being important to him or her.
Must not include items that others think should be important to the person.
Include only those things that the person tells us are important (with words or behavior).
(Reviewing other people's plans-a checklist for family mentors by Smull, Jan. 2001)

The facilitator should be seeking to include what the person sees as important in relationships with others and their interactions, rituals and routines, in rhythm or pace of life, and things to do and have. The basics should be assumed, unless there is a history of their being absent (Reviewing Essential Lifestyle Plans, Smull, et al, 1996). One way to determine what is important to the person is to use the Personal Outcome Measures®, determining which outcomes are and are not present in the person's life and eliciting which of those outcomes are most important.

Have the person identify and prioritize (into categories) what is important to him or her. Use two or three categories: for instance, Most Important, Very Important, and Sort-of Important. This frame will become the foundation for "The Dream" in the PATH.

What is important for me?
There may be things that are not important TO the person, but they may be important FOR the person as identified by other people. These things are usually related to health or safety, and the supports needed to help the person be a valued and contributing member of the community. The team should be careful not to use this as an "excuse" to override what the person wants, but also to make sure that basic health and safety needs are addressed. These issues can relate to any of the Personal Outcome Measures® but especially People have the best possible health, People are safe, and People are respected.

Who are the people in my life?
The description of this frame is quoted from Kincaid, Person-Centered Planning, pp. 444-445, published in Koegel, Koegel and Dunlap, Eds., Positive Behavioral Support, Paul H. Brookes Publishing, Baltimore, Md. 1996.

"Human relationships are essential to everyone's happiness and success. However, information involving relationships has traditionally been absent from the records of the lives of people with disabilities. People supported by human services agencies often lost important relationships when family, staff, and friends are separated from them. People with disabilities typically have fewer social relationships than people without disabilities, so the presence or loss of contact with a person has significant effects on a focus person's chances of securing meaningful relationships.

The People frame indicates with whom the focus person spends time, has the best relationship, and is the most effective. The frame also indicates whether supports provided are natural (family and community) or agency centered. This frame is developed by dividing it into different colored sections for 1) family (blue), 2) agencies (brown), 3) friends and associates (green), and 4) community (orange). The focus person appears in the center of the frame (purple). The use of color on this frame and throughout the activity is important in maintaining the interest of participants as well as emphasizing aspects of each frame. POMs® that can be used to elicit information for this frame are: People are connected to natural support networks, People have friends, People have intimate relationships, and People interact with other members of the community. For agency relationships, consider how the person is supported for all the POMs.

The facilitator then asks, "Who are the people who are most important in the focus person's life?" The most important people are drawn closest to the focus person. The team tries to arrive

at a consensus if there is a considerable difference of opinion among people concerning their importance in the person's life.

After identifying each person involved with the focus person, the facilitator or other team member writes down how often each has contact with the focus person (total hours per week) and indicates with colored green circles those individuals who are most effective with or have the closest ties with the focus person.

Explain to the focus person that individuals may be listed in more than one circle, then facilitate listing the individuals that are important in the life of the person for each area.

Where do I go in the community?

This frame allows us to get a picture of the person's ability to be present and participating in all aspects of community life. When an individual displays challenging behavior in the community, we often see that this person participates in fewer community activities. This restriction may also apply to those people around the focus person, such as household members, paid staff, foster family, etc. These challenging behaviors can be addressed under the previous section, What is important for me?

On a large sheet of paper draw four quadrants. Draw small pictures/symbols by each label that represents the label:

Home: Record the type of living arrangement; location; other household members; places in the home the focus person does and does not have access to; responsibilities at home; leisure at home; outside activities; safety issues; description of home and neighborhood.

School/ Day Setting: Record what type of program or school they attend; what the person does at school or day setting. How they get to and from program or school.

Work: Record what the person does at work and how they get to and from work. This could include the disability system's employment program.

Community: List the places the individual goes during a month's time. Be sure to list family visits, recreation, church, libraries, etc.

To elicit the information, consider the following POMs®: People exercise rights. People choose where and with whom they live, People choose where they work, People participate in the life of the community, People use their environments, People live in integrated environments, People perform different social roles. People are respected. Indicate how often the person participates in the above activities and if the person participates independently, with in a group, or is supervised. Are the types of interactions and places the person goes the preferred types and frequencies? Show the type of transportation used and the frequency of transport.

What is my life story?

The purpose of this frame is to illustrate significant events and critical experiences in the life of the individual. This history is intended to be a sketch not an in-depth review. Begin as early as

possible in the focus person's life. Asking open ended questions will be more helpful than simply asking the same demographic information routinely gathered for a social history.

Write the dates of important events and the names of important people. This may include births, deaths, moves, living situation changes, marriages, divorces, schools, illnesses, hospitalizations, etc. Crises and problems are written in red and good times and success in green. This section might include information from such POMs® as People are connected to natural support networks, People experience continuity and security, People are free from abuse and neglect, and People realize personal goals, or any other POM® that is relevant to the person's life history.

Sample questions:

- What are some of your first memories?
- What were the happiest times of your life?
- Who are the people you remember?
- Tell me about places you have lived. What places did you like? What places did you not like?
- What are some sad times in your life?
- What happened when you got hurt or sick?
- What are the things that you have accomplished and of which you are proud?

Again, we should be especially sensitive to those experiences in the focus person's life that have been wounding and devaluing for them. Recounting and recalling these events during the life story may be upsetting to the focus person. As a general rule, participants should not go in and out of the room during this frame. Kincaid (1999) suggests that the team should arrange for a person who is familiar with the focus person's history to be present if the focus person is unable to accurately relate the information him- or herself. However, it can be upsetting to the person and disruptive to the process for a participant to rebut the individual's recollection of events--this is their history from their perspective. Differences such as this can be noted on a card and provided to the facilitator later. Issues may be uncovered here that bear addressing in the PATH, such as assistance relating to post-traumatic stress syndrome, or past incidences of abuse and neglect that remain unresolved.

The facilitator may obtain this information ahead of time with the individual and family, and review the frame with the group.

What is my current health?

Before the Personal Profile meeting, this frame should be completed by the service providers and given to the facilitator, so that current health can be recorded on a large sheet of easel paper. The current health of the individual should list positive characteristics in green and health concerns in red, and should include how the person feels about his or her health situation and how involved the person is in his or her own health care and health care decisions.. Focus on and indicate health concerns that may be a contributing factor in the stress that the individual / staff / household are under. Do not allow the group to generate discussions about a particular illness, or to blame behavioral problems on any illness.

- Note indicators of good health as well as symptoms of poor health

- Note special care and/ or equipment needed or used.
- Note individual's current medications at the bottom of the frame.
- List diagnoses for each medication.
- Discuss positive and negative effects of the medications and list them by proper name (this does not need to be a full medical description).
- Note whether or not the medical situation is a permanent condition (e.g. blindness), a chronic but curable disorder (e.g. ulcers), or an acute transitory condition (e.g. broken arm).

This frame will be reviewed during the meeting. Adjustments or additions can be made by the facilitator and/or the focus person during the health discussion.

What are my daily routines?

Before the Personal Profile meeting, this frame should be completed by the service providers with the focus person's input and given to the facilitator, so that the routines can be recorded on a large sheet of easel paper. This frame will map out a typical weekday and weekend in the life of the person/family. The purpose of the routines frame is to describe the daily schedule in detail and to find opportunities to build meaningful activities into community life. A detailed analysis helps to reveal gaps, down time, boredom, frustration, and times of segregation that can be reorganized to include activities and contributions that are meaningful to the person.

Start at the beginning of the weekday with the time each person in the home gets up in the morning. Record how much assistance caregivers/family members must provide to the individual and others in the home.

Review this frame during the meeting. Use green to indicate positive parts of the day and red to indicate parts of the day that tend to be stressful for the individual/family/staff. Ask what the person likes and dislikes about the schedule/routine and what he/she would like to change.

List typical activities and approximate time each activity requires. Do not go into details about each activity. Use blue to indicate places in the schedule that the individual/family/ staff would like to change (other than those already marked as stressful). Do the same for the weekend routine.

What choices and decisions do I get to make?

This frame will show how many life choices the individual makes for him/her and how many choices are made for them by others (i.e. paid staff, caregivers, systems, and community people).

Divide the frame into two sections. Label the left side with the individuals name and the right side with "Others". Indicate the choices each makes over issues of everyday preferences: where to live and work, how to make money, what to spend their money on, how they spend their day, when to eat, places to go in the community, how to decorate the house, when company comes to the house to visit, who comes to the house to visit, who lives in the house, etc. Also list the choices that are controlled by the focus person for others.

This section can include information from many POMs® including: People exercise rights, People decide when to share personal information, People choose where and with whom they live, People choose where they work, People choose services, and People choose personal goals. When others make choices for the person, consider People are treated fairly and People are respected.

Remember that we are focusing on the program staff/family, not just on the focus person. Each staff person/caregiver/family member may have different opinions; be sure to respect everyone equally.

What gains and loses respect for me? This frame identifies the behaviors that help the focus person gain respect or cause the person to lose respect. The roles this person fills that support respected and dignified behaviors or are otherwise valued by society are also indicated. This frame is divided into those behaviors and roles that help the person gain respect and those odd or unusual behaviors that cause the person to lose respect in the community. Consider POM® People are respected. Note: this section is about how the person gains or loses respect by his or her actions or behaviors. If there are issues about how the person is respected by others or about how the person should be supported to gain respect, this should be addressed under the sections: "What works for me and does not work for me?", "What do the team/others need to know/do to support me?

Except where otherwise identified, the description of this frame is taken from Kincaid, Person-Centered Planning, pp. 439 ff, published in Koegel, Koegel and Dunlap, Eds., Positive Behavioral Support, Paul H. Brookes Publishing, Baltimore, Md. 1996.

Respected behavior and roles "should be a list of what people find admirable and what they like about the person. It sets a tone for the plan and helps people with disabilities to be seen as people and not a collection of deficits and problems." Nor, should "disability accomplishments" or what the person "likes" be listed. (Smull, Sanderson and Harrison, Reviewing Essential Lifestyle Plans: Criteria for Best Plans, 1996).

Respected behaviors may be as simple as having a nice smile, having a sense of humor, or being helpful. Respected roles are those that place a person in a positive or valued social position, such as having a job, being dependable, helping others, volunteering, or participating as a member of a team or other societal group. Consider the POM® People perform different social roles when thinking about what gains respect for the person. If there are not many social roles, respect is harder to gain for the person (The Council on Quality and Leadership).

List respected behaviors and roles in green. Note: "If the list is very short the entire plan is open to question, as either the person does not have people who care in his or her life or the people who care were not asked. If the person is living with people who do not care about her or him then there should be something in the plan which says what is going to be done about it (e.g. the person will move). If the people who care have not been asked, then the plan needs to be redone to include the information those people have." (Smull, cited above)

Conversely, odd, and unusual behaviors often cause a person to lose respect in the community. These may include excessive as well as dangerous behaviors. Dangerous behaviors are those that may seriously harm the person or other people or destroy the environment. Excessive behaviors, aggressive behaviors, self-abusive behaviors, and other unusual behaviors that result in the person's losing respect are also indicated in this section. List the specific behavior (e.g. face slapping, yelling loudly) in red. Often times, behaviors that cause a person to lose respect can be eliminated by developing a clear understanding of what the person is communicating when they exhibit the behavior and by making needed environmental changes accordingly and teaching the person more socially valued ways of expressing their needs. This understanding usually comes from the completion of frames listed below entitled "What works for me and does not work for me?", "What do the team/others need to know/do to support me?', and "what are the primary ways I communicate with others?'. If, however, the challenging behaviors listed in red continue to persist, then they may need to be explored through a functional analysis and development of a Positive Behavior Support Plan (PBS).

The team must be sure to prepare the focus person for this frame prior to beginning the Personal Profile. The person may become upset when his or her odd, unusual, or dangerous behaviors are discussed. Encourage the focus person to express how he or she feels and continue to participate in the profile. However, allow the person an opportunity to remove him/herself from the profile activities at anytime in order to calm down, take a break, or engage in other preferred activities.

Finally, always be sure to end the discussion in this frame with a characteristic that gains the person's respect.

What works for me and does not work for me?

Except where otherwise identified, the description of this frame is taken from Kincaid, Person-Centered Planning, pp. 439 ff, published in Koegel, Koegel and Dunlap, Eds., Positive Behavioral Support, Paul H. Brookes Publishing, Baltimore, Md. 1996.

The goal of this frame is for the participants to brainstorm about anything that "works" or "doesn't work" with the focus person. Things that "work" are listed on the left side and include those situations, people, places, capacities, and activities that create motivation, interest, and engagement. These are listed in green and clearly represent things that need to be maintained. Things that "don't work" [and thus need to be changed] are listed on the right side and include those conditions, people, places, and activities that create frustration, anxiety, or other problems. These are listed in red. Consider any of the Personal Outcome Measures® in which the outcomes or supports are or are not present.

The frame should actually be posted and available for revisions and additions during the discussions of all the other frames. Frequently, participants will express something that works or doesn't work with the focus person during the development of the other frames, particularly when discussing what the person sees as important, and when discussing routines. It should not be assumed that these comments will be remembered later. Immediately add such items to this frame as the discussion of the other frames proceeds. This frame may be addressed directly after the first nine frames, but information may be added to it during any of the other activities.

This frame should list everything participants can offer. There may be some overlap between the settings and times discussed in the other frames. All jargon, technical language, and labels should be deciphered so that all participants can understand what is being discussed. Items may fall into both columns at the same time. For example, in some instances a specific strategy may work, but in other instances the same strategy is ineffective. It is important for participants to see that some situations have multiple outcomes. Often people see things differently and see different sides of the same thing. Everyone's point of view is included in this frame.

What are our hopes and fears? (Optional)
This is an optional frame that may be useful to the group to express some of its concerns with regard to the focus person. This could include concerns that the group has about meeting the support needs of the focus person. It also identifies concerns about the focus person functioning in certain situations, and fears that family members may have. The team and facilitator should know from the beginning the worries and concerns of the focus person, family, and participants. Likewise, the hopes, aspirations and dreams of the focus person should be understood. For Hopes, consider POM® People choose personal goals and any other POM® in which he/she has expressed a wish for something different. For Fears, consider People are safe, People have the best possible health, People exercise rights, People are treated fairly, People are free from abuse and neglect, People are respected.

What are the barriers and opportunities? (Optional)
This is an optional frame that examines problems within an agency or community that may impede the success of the participant's efforts. This frame also identifies what is unique about the community, agency, family or focus person that can be drawn upon to ensure greater probability of success. The PATH should address issues raised in the Hopes and Fears frame, and also the Barriers and Opportunities frame. For barriers, consider POMs® in which outcomes and supports are not present. For opportunities, consider POMs® in which outcomes and supports are present

What are the major themes?
Ask the team to look for common themes that appear throughout many or all of the frames. Examples of themes might be that the individual does not get to make many choices or that education is important to the family. Or you may recognize that the person wants to do something else with his or her life, or that there are important social/familiar connections that need to be re-kindled. Themes should be summary statements not detailed stories. This frame will provide guidance in planning a more desirable future as well as planning how to implement strategies that may lead to a more desirable future for the individual and for those around the focus person. This section can relate to any of the POMs® or combinations of them.

What do the team/others need to know/do to support me? This frame identifies what people need to know/do to support the focus person in achieving or maintaining the things listed in the: What is important to me? Frame. This can relate to how supports assist in achieving any of the POMs®. Usually, this information will have relevance during the development of the PATH. If there are additional concerns expressed by other participants, or if a particular area (e.g., health), needs more attention than was given it in a previous frame, it should be addressed specifically within this frame or a subheading of this frame.

Where there are important issues that need to be highlighted, and where what we should know or do could be lost in a long list, those issues should be described under their own sub-heading (Smull, 1996). Concerns to be addressed include specific health and safety issues, behaviors, and alternate communication modes, as well as other factors that may cause stress or problems in the community/ group home/ program/ and family settings.

What additional things should we know and do?
This Frame identifies anything else the team needs to know and do to help the person stay healthy and address ongoing medical issues.

- For health issues that are so important that you want the reader to pay particular attention to them.

- For safety issues that are particularly important.

- For communication issues, particularly with those who do not use words to communicate and anyone else where it is helpful to know how the person communicates with their behavior. It is also useful for people who do use words to talk but are difficult to understand, and for showing how we communicate with them. Also, it is useful for people who have their own way of communication (assistive tech or signs), and for problems associated with receptive communication skills.

- For help in observing and supporting important rituals (such as birthdays) and routines (things that must occur in a certain way or order).

- For other issues, areas of concern that will need more than the ideas of the participants. The action plan needs to specify what additional people or resources need to be brought into the effort. For instance, aggressive behavior can and should be addressed in terms of what we can achieve in the way of supporting the person's need/desire for space, or relationship, or activity, but if the behavior is dangerous, more specialized behavioral support techniques may need to be considered.

What are the primary ways that I communicate with other people? (Optional)
An optional frame that provides the Alternate Communication Chart, which is more specific to the unique communicative behaviors and functions, helps staff and others understand the general expressive communication strategies that are used by or are available to the focus person.

When working on this frame it is important to remember that although a concern may sound mild or unimportant to us, it could be extremely stressful or highly valued by the program staff/ caregivers/family. Do not let your personal opinions determine the concerns listed by the caregivers/ program staff/ family.

If there are no issues of special concern this frame can be left unfilled.

What are our short-term goals for the future? (Optional)

This frame is for use if the PATH meeting is scheduled later. At this point, we have identified what is important to the focus person, their significant history, relationships, health needs, routines, what gains and loses respect, what works and doesn't work, the major themes, and what we need to know and do to support the person. The next step will be to begin the Personal PATH, which is a very thorough and effective process of action planning. However, the PATH takes several hours, and may need to be scheduled for another day. If much time, like two (2) weeks or more, is going to intervene between the completion of the Personal Profile Frames and the Personal PATH Frames, it is advisable to establish an initial action plan with one to three short-term goals from the following headings: home, community, work, and day program/school. These goals are prioritized in the planning process based on the preferences and desires of the focus person, in conjunction with the planning team. Goal assignments should be voluntary; the Team Facilitator asking the person to choose which goal(s) he/she is most interested in working on and eliciting support from other team members. Goal timelines should be offered by the person assuming the responsibility. Timelines, responsibilities and other information should be established & recorded for goals in the What are the short-term goals for the future? Frame, and each goal is detailed as a learning, participation or support opportunity in the To Do List Frame

To Do List (Optional)
This frame is to be used if the PATH meeting is scheduled later. If goals are established in the: What are our short-term goals for the future? Frame, the actions associated with goals should be detailed in the To Do List Frame so that progress achievement related to actions can be assessed. Action information should be entered in each of the six frame headings below:

- **O/N Opportunity Number.** Actions should be listed in numerical order, beginning with the number one, and running serially to as many numbers as needed, for the goals associated with the current plan. In this respect, each individual action will have a unique number for identification. Generally, actions should be listed/numbered in chronological order by the targeted date for completion. If an action requires modification or breakout into several additional actions, the "date completed" section of the original action listing should reference the newly created action(s) by its/their new action identification number(s). Although chronological ordering of action listings will not be maintained by this method, the integrity of an action(s) will be maintained by the capacity to track its/their future development and completion during the course of the plan period. If an action is cancelled during the course of the plan, it should be indicated in the "date completed" section by entering the date, the word cancelled, and a reason indicated for the cancellation.

- **What will be done.** This should be a clear, concise, measurable statement of an action that is related to a goal established in the What are our short-term goals for the future? Frame.

- **C/O Category of Opportunity.** Each action should be designated by one of the category types:

  L = Learning Opportunity: Specific teaching activities identified for a person based on individuals' personal preferences, personal profiles/functional

assessments that are measurable, have designated teaching times, identified responsible teachers, and have projected completion dates. They are aimed at attaining and maintaining skills, health and well-being, enhancing community integration, developing social relationships, utilizing the least restrictive means available, and using generic supports in an integrated environment. Ex. Teaching cooking, cleaning, work skills, daily living skills, and alternative/educative skills as identified in a Positive Behavior Support Plan (PBS) etc.

P = Participation Opportunity: Specific activities and events identified for a person to take part in based on individuals' personal preferences, personal profiles/functional assessments that have designated attendance times whereby documentation regarding participation is kept, responsible support transportation persons, and are generally considered to be ongoing. They are aimed at attaining and maintaining skills, health and well-being, enhancing community integration, developing social relationships, and using generic supports in an integrated environment. Ex. Going to church, parties, support groups, etc. They include activities specifically identified by the planning process and exclude routine activities of the program.

S = Support Opportunity: Specific services identified to be performed for person based on individual's personal needs, personal profiles/functional assessments that have designated times of occurrence whereby documentation and follow-up of the service is kept and a responsible person identified for providing the service or ensuring that the service is identified. They can be short term with specified completion dates for acute needs or ongoing for long-term needs. They are aimed at maintaining health and well being or preventing health problems, and using generic supports in an integrated community as appropriate. Ex. Monitoring drug blood levels, monitoring blood sugar, going to an endocrinologist or physical therapist, collecting and analyzing data for the purpose of developing a PBS, monitoring and reporting of data related to targeted behaviors as identified in the PBS, etc. They include services specifically identified by the planning process and exclude routine services required by the program and standards.

- **Who will do it.** Each action should designate a person who has direct responsibility or oversight for the administration and/or completion of the task. In cases where additional people or a group share responsibility for an action, their names and other information can be documented in the "What will be done" section. The "Who will do it" section should include the following:

  Name: First and last name of the person responsible for the action.

  Relationship: The association of the person responsible to the focus person. Ex. parent, friend, residential staff, activities director, etc.

  Context: Name of setting/place where the action is to occur. Ex. residential home, mall, Public Park, library, etc.

- **By when.** Date targeted for the action to be completed, unless ongoing. The person responsible for the action should be in agreement with the timeframe that is established.

- **Date completed.** Actual date the action is completed, unless ongoing. Also, see explanation, O/N Opportunity Number listed above.

Administrative Appendix At the end of a Personal Profile, additional documents may be attached such as: rights assessment, safety assessment, guardianship/advocacy assessment, etc.
Rights Affirmation Frame (Optional)

Follow-up Meetings
The Facilitator is responsible for distributing the Personal Profile to each Support Team member prior to the Personal PATH development meeting. Thereafter, each Support Team member is asked to keep a copy of the Personal Profile and bring it to each Support Team meeting.

The Personal Profile is a dynamic document. It is designed to be updated and changed as the focus person and the Support Team changes. It should be reviewed and updated at least on an annual basis.

The Personal PATH development meeting should be scheduled as soon as possible following the Personal Profile meeting, but not more than 60 days.

The Facilitator must insure that the actions of the Support Team are consistent with the Personal Profile To Do List. The Facilitator also makes sure Support Team members receive the assistance they need to complete their responsible goals within the stated timeframes. The Support Team members, who have taken assignments, should be contacted on a regular basis by the Facilitator for the purpose of providing information and obtaining technical assistance as needed.