

Initial
 Annual

Individual and Family Profile

Date: _____

Individual's Name: _____

ID#: _____

1) Age: _____

2) School/Program: _____

3) Where do you live? with whom? (ID name, relationship, address, telephone #.)

4) Have you always lived here? Yes No

If not, where else have you lived? (Has there been a change in the last year?)

5) What supports are needed to live in the home? (For example: with dressing, toileting, bathing, eating, going from one area to another, etc.)

In your neighborhood?

In your community?

6) When you are home, do you run errands for your self/family? Yes No

Give examples: _____

Do you get lost? Yes No Give examples:

7) When you are home, do you stay by yourself? Yes No Sometimes

If you do, how long at one time? _____

8) Do you have chores at home? Yes No. What are they?

Do you need help doing them? (If so, what type of help?)

9) Do you remember to wear a coat outside when it is cold? Yes No

10) How do you tell someone what you want?

11) How do you tell someone how you feel?

12) Who makes the big decisions in your life? (Give examples.)

Who decides what you will wear, eat, do with your time and money? (Specify.)

13) Who are the important people in your life?

Why?

- 14) Who do you count on in an emergency if your (mom, dad, sister, roommate, etc.) is not around? (name, address, relationship, telephoned):

- 15) Who are your friends?

What types of things do you do with friends?

- 16) What types of things do you like to do? (Hobbies, sports, etc.)

- 17) Do you attend school or a program? Yes No (Identify by name.)

Tell me what you do at school (or program).

18) How do you learn new things? (For example: by being told, by being shown, or both.)

19) Have you ever worked? Yes No

What did you do? _____

When did you do this? _____

Do you still have the same job? Yes No (Indicate if job change has occurred since last year.)

Do you like what you do? Yes No (Identify position/job.)

Do you get any special help/support at work (for example, job coach)? Yes No

Would you like a job? Yes No

Doing what? _____

20) When you are at school or work:

Do you run errands for teachers/employer? Yes No (Give example.)

Do you get lost? Yes No (Give example.)

21) How healthy are you? (Are any health issues also significant life events?)

Do you take medicines regularly? For what? (Identify by name, dosage, and if changed from prior year.)

22) Do you use any special equipment (such as a wheelchair, leg brace, etc.)?

23) How do you feel most of the time? (For example: happy, sad, angry, etc.)

24) Do you handle your own money? Yes No (For what type of purchases?)

Do you have enough money to get most of the things you need/want? Yes No

If not, what do you need that you do not have? _____

25) How do you get to places you want to go?

Do you have a Driver's License? Yes No

Do you want a Driver's License? Yes No

What have you done to get a Driver's License?

26) What have you done that you are most proud of?

27) What is the hardest thing you have ever done?

28) What are the most important things that have happened in your life? (For example)

29) What are the things you would most like to happen in your life in the following areas:

School/program/work: _____

Housing/where you live/changes needed to make where you live easier to get around, more comfortable, or more like you want it to be?

Recreation/things you do for fun: _____

Family/friends/those who help you: _____

Health/medical care: _____

Safety/supervision/communication/mobility: _____

Financial/money management: _____

Feelings: _____

30) What is your most important wish for your future: _____

