**Name of Individual**: Click here to enter text. **ISP Start Date**: Click here to enter a date. **ISP End Date**: Click here to enter a date.

**Describe how the activities participated in during this year assisted the individual in moving toward his/her ISP outcome(s):** Click here to enter text.

**Do changes need to be made to the strategies/activities based on the above information?** Click here to enter text.

**Are there any outstanding issues/concerns?** Click here to enter text.

**Give example(s) of how the individual participated in the planning of his/her activities throughout the year:** Click here to enter text.

**Give example(s) from this year that demonstrate how the individual made new connections and/or participated more fully in his/her community:** Click here to enter text.

**Have any opportunities for employment of additional community participation been identified during this year?** Click here to enter text.

**What has been done to pursue these employment or additional community participation opportunities?** Click here to enter text.

**Has anything changed related to the individual’s health/safety during this year? Is follow up needed?** Click here to enter text.

**Completed By:** Click here to enter text. **Date of Completion:** Click here to enter a date.