

ACTION PLAN FOR A DESIRED OUTCOME IN THE LIVE AREA

NOTE: USE A SEPARATE FORM FOR EACH OUTCOME

DATE OF ACTION PLAN: _____ TARGET DATE FOR COMPLETION/ACHIEVEMENT: _____

OUTCOME STATEMENT # _____

PERSONAL CHALLENGES AND OBSTACLES THAT NEED TO BE ADDRESSED IN ORDER TO ACHIEVE THIS DESIRED OUTCOME (All listed challenges and obstacles must be addressed through action steps, teaching and support strategies and/or support plans)

SUPPORTS AND ACTION STEPS NEEDED TO REACH THE DESIRED OUTCOME
 Identify the actions that the individual will take to reach the desired outcome, including things that the person wants to do and learn. In addition, include how natural, community, and specialized supports and services will assist the individual in reaching his/her desired outcome. Include the use of existing assistive technology or environmental modifications used to achieve this outcome, as appropriate (please refer to the AT Inventory for additional AT information.) Include the use of therapy (or other) evaluation or services needed to identify additional AT or environmental modifications to achieve this outcome. Note: If the individual had a NM DDW Group A or B and will be transitioning out of their current residential model over the next year, consider incorporating skills to develop to live more independently in the outcomes if related to their vision. Note: If Assistive Technology Service is being requested it must meet a desired outcome related to the person's vision.

ACTION STEPS <i>SKILLS TO LEARN AND TASKS TO DO</i>	FREQUENCY <i>HOW OFTEN, HOW LONG</i>	STRATEGIES/WDSIs NEEDED	RESPONSIBLE PARTY (IES)	TARGET DATE(S)	MEASUREMENT/CRITERIA DOCUMENTATION AND REPORTING REQUIREMENTS
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UNAVAILABLE SERVICES OR SUPPORTS	STEPS TO OBTAIN NEEDED SERVICES OR SUPPORTS

After implementing steps to obtain unavailable specialty services, if the services are still unavailable, complete a regional office intervention form and submit it to the local regional office.

ACTION PLAN FOR A DESIRED OUTCOME IN THE WORK/EDUCATION/VOLUNTEER

NOTE: USE A SEPARATE FORM FOR EACH OUTCOME

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OUTCOME STATEMENT # _____

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UNAVAILABLE SERVICES OR SUPPORTS	STEPS TO OBTAIN NEEDED SERVICES OR SUPPORTS

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ACTION PLAN FOR A DESIRED OUTCOME IN THE DEVELOP RELATIONSHIPS/HAVE FUN

NOTE: USE A SEPARATE FORM FOR EACH OUTCOME

DATE OF ACTION PLAN: _____ TARGET DATE FOR COMPLETION/ACHIEVEMENT: _____

OUTCOME STATEMENT # _____

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UNAVAILABLE SERVICES OR SUPPORTS	STEPS TO OBTAIN NEEDED SERVICES OR SUPPORTS

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ACTION PLAN FOR A DESIRED OUTCOME IN THE HEALTH/OTHER

NOTE: USE A SEPARATE FORM FOR EACH OUTCOME

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OUTCOME STATEMENT # ____

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