

Policy and Procedure Concerning Individual Program Plan, Development,
Amendment and Review

Appendix B
ANNUAL IPP WORKSHEET

Name: _____

Date: _____

Plan for the Future: _____

Individual Comments: _____

Guardian/Family/Advocate Comments: _____

Medical Info: _____

Review Behavior Program/Intervention Plan & Continued Use Of Med: _____

NOTE: Submit to Due Process Committee for Annual Review

Rights: _____

NOTE: Submit Rights Restriction form to Due Process Committee

Self-Sufficiency/Services Meet Needs: _____

Finance: _____

Current Activities: _____

GOALS			
Day	Intent	Res	Intent

Occupational Hazards: _____

Least Restrictive Settings: _____

Intervention Hours: _____

1904 (Assisted Day): _____ 1905 (WSI): _____ 1906(Sup. Day): _____ 1908(Day Hab.): _____
 1920 (Assisted Res): _____ 1920 (Medical): _____ 1922 (Sup. Res): _____ 1922
 (Medical): _____

Comments: _____
