

# **IPP MEETING PLANNER**

This worksheet can help you plan for your IPP Meeting. Use it to help you think about what you want in the future.

## **A PLACE TO LIVE**

### **Where do you want to live?**

Stay where I am  
My parent's place  
My own place  
With a foster family (Adult Family Home Agency)  
A group home  
Supported living  
Independent Living  
My own place with roommates  
Other place

### **What services do you need to help you live where you want?**

More training  
Help with managing my money  
An attendant or roommate  
Help finding a place to live  
Someone to give me regular support and help  
Help with shopping, cooking, and/or cleaning  
Being safe  
Other service

## **A PLACE TO WORK OR ATTEND SCHOOL**

### **Where do you want to work or go to school?**

Stay where I am working now  
In the community  
In a workshop or center

## **What kind of work or school do you want to do?**

Paid work  
Volunteer work, what interests you?  
Other type of work  
College  
Adult education classes  
Other type of school

## **What services do you need to help with working or going to school?**

Updating a resume  
Applying for a job  
A job coach or aide at the job  
A tutor or note taker  
Training in a workshop  
Other training  
Access to work place or class (like a ramp)  
Transportation  
Other services or supports

## **HAVING FUN**

### **What do you want to do in your free time?**

Visit friends  
Exercise  
Shop  
Go to movies or plays  
Volunteer work  
Play sports  
Listen to music/watch TV  
Hobby  
Dating  
Join a self-advocacy group or People First  
Help advocate for other people  
Other activity

**What services do you need to assist you to do the things you want to do?**

Training  
Attendant  
Facilitator  
Transportation  
Circle of friends  
Other services or supports

## **MEDICAL AND HEALTH**

**What medical or health services do you need?**

Doctor services  
Counseling  
Dentist services  
Sex education (safe sex, birth control)  
Staying in shape, exercise or diet  
Other health services

**What other support do you need to access medical or health services?**

Training  
Attendant  
Someone to ask questions  
An advocate or lawyer  
Facilitator  
Other supports

## **OTHER THINGS**

**What other things do you want assistance with?**

Cooking  
Transportation  
Shopping  
Cleaning my place

Meeting more people/making friends or dating  
Learning about sexual relationships and safe sex  
Getting along better with people  
Self-advocacy and knowing my rights  
Problems with Social Security, SSI, or other benefits  
Self-defense  
Being on committees or a Board of Directors  
Other assistance

**What other services do you need assistance with?**

Training  
Attendant  
Someone to ask questions  
Help setting up a circle of friends  
An advocate or lawyer  
Mentor  
Facilitator  
Other services