



agency for persons with disabilities
State of Florida

Agency for Persons with Disabilities Outcome Notes

Name:		Interviewer:	
SSN:		Dates:	

District:	
------------------	--

Place a yes (Y) or no (N) in the appropriate column for the presence or absence of each outcome or individualized support.	OUTCOME	INDIVIDUAL SUPPORT	List in the appropriate space any reason why an outcome or individual support was not present
1. Personal Goal (Working Toward)			Outcome
			Support
2. Choose Live (Options)			Outcome
			Support
3. Choose Work (Options)			Outcome
			Support
4. Intimate Relationships (Satisfaction)			Outcome
			Support
5. Satisfied Services (Expectations)			Outcome
			Support

6. Satisfied Personal Life (Satisfaction)			Outcome
			Support
7. Daily Routine (Options)			Outcome
			Support
8. Privacy (Satisfaction)			Outcome
			Support
9. Personal Information - Share			Outcome
			Support
10. Use Environments (Maximum Use)			Outcome
			Support
11. Integrated Environments (W/O Disabilities)			Outcome
			Support
12. Participate in Community (Satisfaction)			Outcome
			Support

13. Interact in Community (Satisfaction)			Outcome
			Support
14. Social Roles (Satisfaction)			Outcome
			Support
15. Friends (Satisfaction)			Outcome
			Support
16. Respected			Outcome
			Support
17. Choose Services (Options)			Outcome
			Support
18. Personal Goals			Outcome
			Support
19. Natural Supports (Satisfaction)			Outcome
			Support

20. Safe			Outcome
			Support
21. Exercise Rights			Outcome
			Support
22. Treated Fairly			Outcome
			Support
23. Best Health (Person Defines)			Outcome
			Support
24. Abuse and Rights (Free Distress)			Outcome
			Support
25. Continuity and Security			Outcome
			Support
Other Comments:			