

PLANNING FOR YOUR FUTURE

PREPARING FOR ADULTHOOD

Looking at your life





*Helping you
prepare
for your
planning
meeting.*

Soon your Harbor Regional Center Service Coordinator will meet with you and the important people in your life. This meeting is a chance for you and your family and circle of support to sit down and think about where you are now, where you want to be in the future, and what support you might need to help you get there. If you fill out this form or even if you think about some of the questions it asks, you will be better prepared for your planning meeting.

- This is about you - write your name in the space provided.

- Who is your circle of support? (For example: Who are your friends? Whom do you turn for help when you need it? Whom do you want to invite to your planning meeting? Put their names in the space provided below.)

THIS IS ABOUT YOU

1. What are some great things about you? (For example: What do people like about you? What are your abilities and skills?) _____

2. What do you like to do with family and friends, at home, or in the community? _____

3. What kinds of things do you like to do, by yourself or with others? _____

4. What, if any are your barriers to your participation with friends and family? _____

5. What do you want to do after school? _____

6. What makes you happy? _____

7. What makes you upset (mad or sad or frustrated)? _____

8. Do you have friends in the neighborhood? At school? Who is your favorite person to do things with? (You can name more than one person if you want to) _____

THINGS ABOUT YOUR EDUCATION

9. What is the best part of your educational program? _____

10. What part of your educational program would you like to change (improve or focus on)? _____

11. What would you like to learn? _____
Do you need support understanding your educational program?
(IEP, 504 plan, assessments) YES NO

12. Would you like your HRC Service Coordinator to observe you in school?
 YES NO

Would you like your HRC Service Coordinator to go with you to your next IEP? YES NO

13. What other things can Harbor Regional Center do to support you with your educational program? (For example, do you need information about special education rights? Would you like information about full inclusion? If classroom placement is an issue, do you need support to identify the best classroom placement for you?) _____

THINGS ABOUT YOUR HEALTH

14. How is your health? Do you have any health problems that concern you or your family? _____
Any mental health concerns? _____

15. Do you have a doctor and, if so, when did you last see him/her? _____
What for? _____
16. Do you take any medications? _____
If so, what are they and what are the dosages? _____

17. Do you have a dentist and, if so, when did you last see him/her? _____

18. Do you have a mental health provider, if so, when did you last see
him/her? _____
19. Do you need help finding a doctor or a dentist? YES NO
20. Do you have medical insurance for yourself? YES NO
21. Do you need any assistive technology? YES NO
22. How tall are you and how much do you weigh? _____
Are you on a special diet? _____

23. Would you be interested in having us arrange an overall health/mental
health review for yourself? YES NO Maybe (I would like to
hear more about this.)

THINGS ABOUT YOUR FUTURE

24. What are your hopes and dreams for your future? (Think about what you
want for yourself in the next year? What about three or four years now?)

25. What worries you most about your future? _____

26. What kinds of support will you need from your circle of support, and others in the community to help you reach your goals?

27. How can Harbor Regional Center support you in reaching your goals?

THINGS ABOUT INFORMATION AND SUPPORT FOR YOUR FAMILY

28. Harbor Regional Center has lots of training opportunities for you. Would you like to know more about our training classes? YES NO

29. Do you need more information on public benefit programs like California Children’s Services (CCS) or Supplemental Security Income (SSI) or In-Home Support Services (IHSS) or Medi-Cal? YES NO
If yes, which? CCS SSI IHSS Medi-Cal

30. Would you like to get information about independent living, supported living, and the licensed home recourse that are available to you?
 YES NO

31. What is the best way for your Service Coordinator to contact you?
Phone _____ Email _____

How often would you like to be contacted throughout the IPP year?

OTHER THINGS THAT ARE IMPORTANT TO YOUR FAMILY

32. You can use this space to write about any other things that you think are important for planning for your future: _____

