

DELAWARE DIVISION OF DEVELOPMENTAL DISABILITIES

ELP Personal Profile

This document is meant to provide a clear, easy-to-understand picture of a person and their supports. Please complete each section about the person to the best of your knowledge.

NAME: _____

PERSON COMPLETING PROFILE: _____

OTHERS CONTRIBUTING INFORMATION: _____

COMPLETION DATE: _____

NOTE: This ELP PERSONAL PROFILE should be completed by anyone who knows the person and who has information about how the person wants to live or wants to be supported. This profile is especially useful for getting information from people who are unable to attend the annual meeting or otherwise meet with the facilitator.

Section 1: What people like and admire about _____

Section 2: Describe what is important to _____ in Day Services.

A. Places that _____ likes to go:

B. Activities/Hobbies that _____ enjoys doing:

C. Work/Volunteering/Help that _____ enjoys doing:

D. People that are important to _____ at the Center:

Section 3: Describe what is important for _____'s success on a job.

*Does _____ like his/her current job? _____

*Did _____ choose his/her job? _____

A. Places that _____ would like to work:
[including business names and town/location]

B. Hours/Days that would be most desirable:

C. Working alone or in groups...does it matter?

D. Types of work that _____ is interested in:

E. Types of work that _____ dislikes:

F. Things that _____ MUST HAVE that might affect work:

Section 4: Describe what is important to _____ at home.

A. Places that _____ likes to go:

B. Things that _____ enjoys doing:

1. At home:

2. While we are out:

C. Chores/responsibilities, around the house, that _____ enjoys doing:

D. People at home that are important to _____:

E. Things that _____ really dislikes:

F. _____'s HOPES and DREAMS:

G. Important routines such as:

1. Morning
2. During transition
3. Coming home
4. Holidays/Celebrations
5. Other

H. Things that can ruin _____'s day.

I. Things that can make a great day for _____.

J. Other things important to the person:

Section 5: Describe the best way(s) to help _____ learn.
(Use “Identifying a Person’s Learning Style” to complete this section.)

Section 6: Things to try or learn

A. Things they tried and enjoyed this past year:

B. Ideas for this year:

Section 7: Communication: (**Must be completed if a person does not talk.**)

A. How do you know _____ likes something?

B. How do you know _____ dislikes something?

C. Other important information regarding how _____ communicates:

D. Other important information regarding how we communicate with _____.

E. Communication Table

In this situation:	When does this:	We think it means this:	You should do this:

Section 8: Progress and Significant Events of the past year:

Section 9: In Order to Support _____, we must:

A. During Meals:

1. At home:

2. When we are out:

- B. Doing Chores around the house:

- C. Helping in the bathroom:

- D. Medical/Health Related/Safety Supports:
(include medications and what assistance they need to take them)

- E. Supports for _____ when they get mad or upset:

- F. Special Devices/Assistive Technology:

- G. Helping _____ when we go out:

- H. Barriers that _____ faces and ways to support:

- I. Transportation Supports for _____:

J. Supporting _____ with their appearance:

k. Supporting _____ with their money

l. Other supports that we need to know about:

Section 10: Issues to be resolved/concerns.

(List what doesn't make sense in the person's life right now.)

Section 11: Outcomes for the ELP Action Plan: