



# My Person-Centered Plan

Enter your full  
name

Type in this box to share  
general information  
about you, like who you  
are and what is most  
important to you in life.

Click Here To  
Insert Your  
Picture

Funded by the Illinois Council on Developmental Disabilities:



This template was developed by  
CQL | The Council on Quality and Leadership  
[www.c-q-l.org](http://www.c-q-l.org)



# About This Plan

## How this person-centered plan works



This plan helps you share information about yourself.



It explains who you are, what your life is like, and what you want to do in the future.



You can add pictures and words to each page, by clicking on the boxes.



You can add pages, delete pages, or make changes to pages.



If you need support with filling out this plan, other people can help you.

## Enter Person's Name

---

... helped me fill out this plan. I chose them because:

Type here to explain why you chose this person



# About Me

Insert Picture

## My Human Security

Share what you want people to know about your human and civil rights.

Insert Picture

## My Community

Share what you want people to know about your community participation.

Insert Picture

## My Relationships

Share what you want people to know about intimacy, friendships and more.

Insert Picture

## My Choices

Share what you want people to know the decisions you make.

Insert Picture

## My Goals

Share what you want people to know about your hopes and dreams.



# Some Things I Do Like

Pictures of things I enjoy in life

Insert a Picture

Describe the picture to the left

Insert a  
Picture

Describe the picture  
above

Insert a  
Picture

Describe the picture  
above

Insert a  
Picture

Describe the picture  
above

Describe the picture to  
the right

Insert a Picture



# Some Things I Don't Like

Pictures of things I do not enjoy in life

Insert a  
Picture

Describe the picture above

Insert a  
Picture

Describe the picture above

Insert a  
Picture

Describe the picture  
above

Insert a  
Picture

Describe the picture  
above

Insert a  
Picture

Describe the picture  
above

Insert a Picture

Describe the picture to  
the left



# Important People

Pictures of people who matter most to me

Insert a Picture

Who is in the picture to the left?

Why are they important?

Insert a Picture

Who is in the picture above?

Why are they important?

Insert a Picture

Who is in the picture above?

Why are they important?

Who is in the picture to the right?

Why are they important?

Insert a Picture



# During The Day

Pictures of me at work, volunteering or  
what I like to do most of the day

Insert a  
Picture

Describe the picture above

Insert a  
Picture

Describe the picture above

Insert a Picture

Describe the picture above

Describe the  
picture to the right

Insert a Picture



# Favorite Activities

Pictures of me doing my favorite things

Insert a  
Picture

Describe the above activity

Insert a  
Picture

Describe the above activity

Describe the activity to  
the right

Insert a Picture

Insert a  
Picture

Describe the above  
activity

Insert a  
Picture

Describe the above  
activity

Insert a  
Picture

Describe the above  
activity





# Supports that I want

Pictures of what I need or want help with

Describe the picture to  
the right

Insert a Picture

Insert a  
Picture

Describe the picture above

Insert a  
Picture

Describe the picture above

Insert a  
Picture

Describe the picture  
above

Insert a  
Picture

Describe the picture  
above

Insert a  
Picture

Describe the picture  
above



# My Health

Important things to know about my health

Insert a  
Picture

Describe the picture above

Insert a  
Picture

Describe the picture above

Insert a  
Picture

Describe the picture  
above

Insert a  
Picture

Describe the picture  
above

Insert a  
Picture

Describe the picture  
above

Insert a Picture

Describe the picture above



# My Values:

What I think about things like rights,  
religion, voting and other topics

Insert a  
Picture

Describe the picture to the left

Insert a  
Picture

Describe the picture to the left

Insert a  
Picture

Describe the picture to the left

Insert a  
Picture

Describe the picture to the left



# My Community

Being included and involved around town

Insert a Picture

Describe the picture to the left

Describe the picture to the right

Insert a Picture

Insert a Picture

Insert a Picture

Insert a Picture

Describe the picture above

Describe the picture above

Describe the picture above



# My Safety

How I can be supported to feel more safe

(These may be included in your *Risk Assessment*)

Insert a  
Picture

Describe the picture  
above

Insert a  
Picture

Describe the picture  
above

Insert a  
Picture

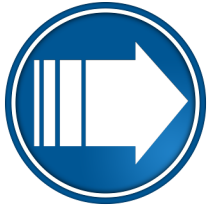
Describe the picture  
above

Insert a Picture

Describe the  
picture to  
the left

Describe the  
picture to  
the right

Insert a Picture



# Extra Information

Other things I want people to know

Insert a  
Picture

Describe the picture  
above

Insert a  
Picture

Describe the picture  
above

Insert a  
Picture

Describe the picture  
above

Insert a  
Picture

Describe the picture above

Insert a  
Picture

Describe the picture above

Insert a Picture

Describe the picture above



# Proud Moments

Things I have accomplished in the last year

Insert a  
Picture

Describe the picture to the left

Insert a  
Picture

Describe the picture to the left

Insert a  
Picture

Describe the picture to the left

Insert a  
Picture

Describe the picture to the left



# My Future Dreams

How I want my life to be in the future

Insert a  
Picture

Describe the picture to the left

Insert a  
Picture

Describe the picture to the left

Insert a  
Picture

Describe the picture to the left

Insert a  
Picture

Describe the picture to the left





# Goal #1

Enter Goal Title Here

Insert a  
Picture

Type in this box to share more information about this goal.

**BENCHMARKS:  
ACHIEVING THE GOAL**

1. Benchmark Title
2. Benchmark Title
3. Benchmark Title
4. Benchmark Title

**SUCCESS!**



# Goal #2

Enter Goal Title Here

Type in this box to share more information about this goal.

Insert a  
Picture

**BENCHMARKS:  
ACHIEVING THE GOAL**

1. Benchmark Title
2. Benchmark Title
3. Benchmark Title
4. Benchmark Title

**SUCCESS!**





# Goal #3

Enter Goal Title Here

Insert a  
Picture

Type in this box to share more information about this goal.

## **BENCHMARKS: ACHIEVING THE GOAL**

- 1. Benchmark Title**
- 2. Benchmark Title**
- 3. Benchmark Title**
- 4. Benchmark Title**

**SUCCESS!**



# Goal #4

Enter Goal Title Here

Type in this box to share more information about this goal.

Insert a  
Picture

**BENCHMARKS:  
ACHIEVING THE GOAL**

1. Benchmark Title
2. Benchmark Title
3. Benchmark Title
4. Benchmark Title

**SUCCESS!**





# Goal #5

Enter Goal Title Here

Insert a  
Picture

Type in this box to share more information about this goal.

**BENCHMARKS:  
ACHIEVING THE GOAL**

1. Benchmark Title
2. Benchmark Title
3. Benchmark Title
4. Benchmark Title

**SUCCESS!**



# Celebrating My Goals

How I will celebrate achieving goals

Insert a  
Picture

## Goal #1 - Enter Goal Title Here

Type in this box to share how you will celebrate Goal #1

Insert a  
Picture

## Goal #2 - Enter Goal Title Here

Type in this box to share how you will celebrate Goal #2

Insert a  
Picture

## Goal #3 - Enter Goal Title Here

Type in this box to share how you will celebrate Goal #3

Insert a  
Picture

## Goal #4 - Enter Goal Title Here

Type in this box to share how you will celebrate Goal #4

Insert a  
Picture

## Goal #5 - Enter Goal Title Here

Type in this box to share how you will celebrate Goal #5



# My Person-Centered Plan

My  
signature

---

I, \* **Type Your Name Here** \*

made this person-centered plan  
and it is unique to me, based on  
outcomes that are important to me!

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