



Person Centered Planning (PCP) Person Centered Thinking (PCT) Tools

PCP is a planning process that includes gathering information about the person's wishes, desires, needs, and supports using tools:

1. ALL ABOUT ME
2. BIOGRAPHY
3. COMMUNITY AND RECREATION
4. 4 + 1 QUESTIONS
5. GOOD DAY BAD DAY
6. HOME AND NEIGHBORHOOD
7. HOW I REACT TO THINGS
8. IMPORTANT TO IMPORTANT FOR
9. LEARNING LOG
10. LIKES AND DISLIKES
11. PREFERENCE FOR FAMILY LIFE
12. SETTING PRIORITIES
13. ONE PAGE PROFILES

Other PCP tools include:

- MAPS (Forest, O'Brien, & Pearpoint)
- PATH (Forest, O'Brien, & Pearpoint)
- Essential Lifestyle Plans (Small)
- Whole Life Planning (Institute on Community Inclusion)
- C.O.A.C.H. (Giangreco)

ALL ABOUT **ME**

My Name is _____ Date: _____

1. My most important possessions are... _____

2. My favorite places to be around home are... _____

3. My favorite places away from home are... _____

4. The most fun I have is when... _____

5. When I turn on TV, I like to watch... _____

6. The job I've had I've liked the best is... _____

7. A job I never had that I would like to try is... _____

8. My favorite food is... _____

9. When I listen to music, I prefer to listen to... _____

10. My favorite way of getting around is... _____

BIOGRAPHY

THE STORY OF MY LIFE

My name is _____. I like to be called _____.

My birthday is _____. I am _____ years old.

This is a brief story what is important to me. It may include where I have lived, gone to school, and worked, my family and friends, what I like about myself, what I like and don't like, and what I want my life to be like.

The biography gives a broader view of who an individual is. This is not just a social history. Initials can indicate information that is contributed by others. The Biography does not have to be rewritten every year. Information can be added, such as, if the person's plan for the future has changed. Please include a current photo.

COMMUNITY AND RECREATION



My Name is _____ **Date:** _____

The things I like to do during my free time: (Include any things you like to do either alone or with others.) _____

The kind of things I do in my community (volunteer, belong to clubs, and/or belong to a church or religious organization): _____

The new things and/or groups that I would like to become involved with in my community? (Include any new hobbies, and/or classes you would like to pursue, trips and/or vacations you would like to go on, etc.) _____

Using this information, discuss the strategies and/or supports that would be needed in order to pursue these activities. Information may be included in the support strategies of the plan.

4 + 1 QUESTIONS

Name _____ Date: _____

WHAT HAVE WE TRIED?	WHAT HAVE WE LEARNED?
WHAT ARE WE PLEASED ABOUT?	WHAT ARE WE CONCERNED ABOUT?
SO WHAT DO WE NEED TO DO?	



Good Day / Bad Day



A *good day* is a day the person enjoys and finds meaningful. They have achieved something or connected with other people. Much of what is important to the person is in place, and they have stayed healthy and safe in a way that makes sense to them.

A *bad day* is a day the person does not find joy or find meaning. They may feel nothing has been achieved. What is important to them has mainly not been in place and they do not feel healthy or safe, or their health and safety is not taken care of in a way that makes sense to them.

1. Think together with the person and the people who know and care about the person most about:

What makes a good day for the person?

Who is usually there on good days?

What kinds of things does the person do on good days?

What places does the person go on good days?

Are there any important objects or routines that help make a good day?

2. Think about the same questions for a bad day.

3. Make a picture or description together of what makes a really good day, and what makes a really bad day.

4. Make a plan together about ways to have more good days, and fewer bad days – write this down. Make sure you know WHO will do WHAT by WHEN.



HOME AND NEIGHBORHOOD

My Name is _____ Date: _____

I live at: _____ in: _____
with _____

What I like about where I live now: (Such as, the people you live with, the location, the accessibility, and anything else you think is important.) _____

Do I want to make changes about where I live? _____ What I want to change: (Such as, moving, why, paint your walls, new furniture.) _____

The kind of help I need: (people, assistive devices, accessibility, transportation) you need to live in your own home? (Including who is responsible for providing these supports.) _____

Other kind of help I would like/need in my home? _____

Using this information, discuss needed strategies and supports and who will be responsible. Include this information in the Strategy/Support section of the plan.

HOW I RESPOND

My Name is _____ Date: _____

1. The thing that makes me laugh the most is... _____

2. I get most excited when... _____

3. I am bored when... _____

4. I get frustrated when... _____

5. I am the most comfortable when... _____

6. I get angry when... _____

7. I become very interested and alert when... _____

8. The thing that makes me sad is... _____

9. What I like most about people who help me is... _____

Important **For** _____

Important **To** _____

What else do we need to learn?

LE

LEARNING LOG

Date	Activity (What, Where, When, How Long)	Who Was There?	What worked well about the activity? What should continue? What did you learn?	What didn't work? What must be different? What did you learn?

LIKES AND DISLIKES

My Name is _____ Date: _____

My five (5) most important likes and dislikes (using pictures and/or words):



Things I really like:	Things that are ok:
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
Things I dislike:	Things I really dislike:
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

FAMILY LIFE PREFERENCES

My Name is _____ **Date:** _____

Complete the following with your preferences for family life, ask for help if you need it.

I want to live _____
_____ With
_____ Near MY FAMILY
_____ Far Away

I want to talk with my family by phone
_____ Everyday _____ Several times a week _____ Once a week Other _____

I want to visit with my family
_____ Everyday _____ Several times a week _____ Once a week Other _____

Who in my family I want to see or hear from a lot:

a. _____ b. _____ c. _____

Who in my family I want to see or hear from at least some of the time:

a. _____ b. _____ c. _____

Who in my family I don't want to see or hear from at all:

a. _____ b. _____ c. _____

What I want to do with my family:

a. Recreation: _____

b. Family Events: _____

c. Birthdays: _____

d. Holidays: _____

e. Other: _____

When I want help, advice or assistance from my family, they will know because:



SETTING PRIORITIES

My Name is _____ **Date:** _____

List the parts of your future dream that are most important to you and probably will not change.

1. My home and community _____

2. My career/education/training _____

3. My social/recreation/volunteerism _____

4. Other life goals _____

One Page Profile

My photo

**How best to
support me....**

**What people like and
admire about me...**

What's important to me...