



Person Centered Planning (PCP) with 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:

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

Other PCP tools include:

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

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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... _____

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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 about my life including information about where I have lived, gone to school, and worked (and current information as well). It tells about family and friends. It describes what is important to me, what is special about me, what I like about myself, what I like to do, what I don't like to do, what is best for me and about me, and what I want my life to be like.

The biography is written in order to give a total view of an individual. It should give a clear picture of who the person 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. Important information from the year can be added to it, such as, if the person's plan for the future has changed. Please include a current picture of the person.

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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.

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4 + 1 QUESTIONS with/for (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?	

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Good Day / Bad Day



A good day is a day which the person enjoys, finds meaningful, feels they have achieved something or connected with other people. It is a day where much of what is important to the person is present, and where they have stayed healthy and safe in a way that makes sense to them.

A bad day is a day which the person does not enjoy or find meaningful, where they feel nothing has been achieved, where what is important to them has mainly not been present and where they have not been healthy or safe, or where they have been kept healthy and safe in a way that does not make sense for 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?

What places does the person go?

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 (or alone):

What I like about where I live now: (Some suggestions are to include what you like about the people you live with, the location, the accessibility, and anything else you think is important.) _____

Do I want to make any changes about where I live? _____

What I don't like about where I live now: (Include things you do not like about your home and what you might like to change. If you would like to move, include what type of place you would want to move to and people you might like to live with.)

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

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

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

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HOW I REACT TO THINGS

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 _____
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What else do we need to learn?

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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?

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LIKES AND DISLIKES

My Name is _____ Date: _____

Summary of 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.

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PREFERENCE FOR FAMILY LIFE

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 Very close to Near to Far from My family.

I want to talk to my family by phone
 Everyday Several times a week Once in a while

I want to visit with my family
 Everyday Several times a week Once in a while

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. Celebrate Birthdays: _____
d. Celebrate 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 elements of your future dream that are most important to you and will probably not change.

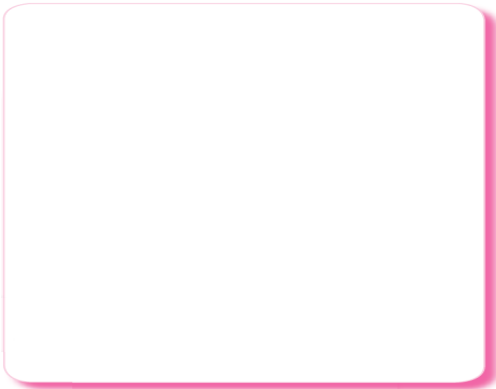
1. My home and community _____

2. My career/education/training _____

3. My social/recreational life/volunteerism _____

4. Other life goals _____

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How best to support me....

What people like and admire about me...

What's important to me...

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