

# Individualized Services/Support Plan (ISP), Goals and Objectives

## 1. Individualized Services/Support Plan (ISP)

Many adults with intellectual disability, especially if tied to state funded services, receive those services and supports under a plan known as the Individualized Services/support Plan or ISP. The ISP is very similar in essence to a students Individualized Educational Plan (IEP). Each state and/or organization will have each its own forms and process for the ISP:

The following resources links include information from Illinois (state), New York (private agency) and Massachusetts (state):

[http://www.dhs.state.il.us/OneNetLibrary/27896/documents/By\\_Division/Division%20of%20DD/DirectSupportPerson/Module5NotebookIndividualServicePlan.pdf](http://www.dhs.state.il.us/OneNetLibrary/27896/documents/By_Division/Division%20of%20DD/DirectSupportPerson/Module5NotebookIndividualServicePlan.pdf)

<https://opengateinc.org/2015/11/11/individualized-service-plans-isps-explained/>

<http://www.mass.gov/eohhs/consumer/disability-services/services-by-type/intellectual-disability/provider-support/developmental-services-individ-support-quickguide.html>

## 2. Goals and Objectives

Similarly, if orientation and mobility services are written into an individuals' ISP, goals and objectives to address the services may also be written. Much like goals and objectives for students in an IEP, goals and objectives for an adults ISP follows a similar protocol and design:

- Outcome of an assessment warrants some level of direct instruction or consultation services.
- There is an objective manager identified;
- Goal(s) written;
- Objective(s) written to address the goal(s);
- Strategy with time lines and service delivery outlined; and
- Progress notes written per identified timelines;
- Objectives reviewed; modified; terminated; as needed.

Please Note: In adult services not all referrals, direct or consult services are made part of an individuals' ISP. In most states, this is determined by state protocols, Human Service Coordinator and team decision. Adult services are not mandated as services for students are.

# ISP, Goals and Objectives: (continued)

## **Resources:**

Sharon Z. Sacks and Mary C. Zatta, Editors, (2016) *Keys to Educational Success: Teaching Students with Visual Impairments and Multiple Disabilities*, New York: American Printing House for the Blind (AFB) Press, Chapter 4

## 3. Sample Goals and Objectives

- The following pages provide you with some examples of goals and objectives using nontraditional mobility techniques.
- Please note that each state and/or each agency may have a different format in which the individual objectives are defined and documented.

# Sample Goal/Objective #1:

**Prepared By: COMS**

**Goal:** To improve mobility skills.

**Measurable Objective:** By March 2017, Jane will remove her hand from the handrail in a controlled manner when given no more than 1 verbal prompt that the handrail is coming to an end in 90% of instances recorded over 3 months.

## **Setting and Learning Environment:**

I. **Setting(s):** Day Program or Residence

II. **Frequency:** 1x/week with COMS

III. **Duration:** 15-30 minutes

## **Support Strategy:**

I. **Purpose:** To increase Jane's safety while trailing.

II. **Materials:** handrail

III. **Cue:** verbal ("Jane, the handrail is about to end. Please remove your hand slowly.")

IV. **Method of Teaching:** 1:1 with verbal encouragement and direction

1. Introduce yourself to Jane and tell her where it is time to go (dining room, program, to the elevator, etc.). Slowly start to move her chair and guide her to the beginning of a trailing surface (handrail).
2. As health permits, tell Jane to reach out to locate the handrail with her right hand. Tap her right shoulder/upper arm to reinforce the side she should be using.
3. She may need assistance to raise her arm to reach the railing. If pain or discomfort is suspected DO NOT have her trail.
4. Jane should reach slightly forward and gently pull herself with the hand on the railing while her other hand moves the wheel.
5. Staff is positioned behind Jane gently guiding her chair to maintain a straight line and forward motion.
6. Staff may need to guide Jane's hand forward on the trailing surface so her arm does not end up behind her or cause discomfort in her shoulder. First provide verbal prompt: "Jane reach forward." If she doesn't respond provide physical assistance to move her hand forward on the railing.
7. Provide verbal warning that a handrail is about to end and encourage Jane to remove her hand from the railing BEFORE it falls off the end. She does best when using handrails that have ends that curve in to the wall rather than run straight. If using the latter style: for the first 2-3 handrails put your hand at the end to block Jane's hand from sliding off if she doesn't respond to verbal

# Sample Goal/Objective #1:

warning. Once she realizes the style of handrail then try just verbal cues and not the physical block.

8. Jane may “lock her chair” by using both hands on the wheels to stop the forward motion. When this occurs she may need a break.
9. When the destination is reached tell Jane where she is, and that she is done trailing.
10. Any refusal should be accepted as Jane may be experiencing pain. Try again later. For example, if she refuses to trail to lunch, she may trail back from lunch.

V.. **Reinforcement Procedure:** drink or lunch at the end of the trailing route

VI. **Correction Procedure:** hand over hand paired with verbal cuing

If she lets her hand fall off the end of the railing help her to put her hand back on the railing and explain that she needs to remove gently and demonstrate—hand over hand—what gently would be—gently remove her hand from the handrail and place it on her arm rest or lap.

VII. **Data Collection Method:** by COMS

VIII. **Documentation Responsibility/Frequency:** COMS 1x/week

IX. **Training of Staff:** as needed

X. **Consultation:** as needed

**Implementation Responsibility: COMS**

# Sample Goal/Objective #2:

**Prepared By: COMS**

**Goal:** To improve independent mobility.

**Measurable Objective:** By January 2018, Jack will travel from the door of the gym to the parallel bars with his cane; keeping the tip of the cane on the ground with no more than three physical prompts in 50% of trials.

## **Setting and Learning Environment:**

I. **Setting(s):** gym

II. **Frequency:** 2-3x week

III. **Duration:** length of time to travel the identified route

## **Support Strategy:**

I. **Purpose:** To work on cane skills (constant contact/diagonal technique) for independent and safe travel.

II. **Materials:** 1 staff, long cane

III. **Cue:** ONLY as needed: When Jack begins to raise his tip of his cane off of the floor and “carry” his cane, staff should lower his elbow by moving it down beside his side and if necessary hand over hand to reposition the cane. Record the frequency of these cues on the data sheet NOTE: Jack is deaf so cannot respond to sound/verbal cues.

## **IV. Method of Teaching:**

1. Jack should travel using touch prompts for directional cues, from the gym door to the parallel bars keeping the tip of his cane in contact with the floor
2. If Jack veers off course provide a tap on the shoulder of the direction he needs to turn to get back on the correct route toward the parallel bars.
3. If Jack's elbow starts to rise up and away from his side reposition it by pressing down on his elbow.
4. If Jack isn't holding his cane properly (on the black golf grip with cane extended out in front of him and moving side to side on the ground), help him to reposition it. Keep track of these prompts to record on data sheet.
5. If Jack is showing signs of being upset or is not following touch prompts for direction or cane use then move to Jack's left side and offer Human Guide.

V. **Reinforcement Procedure:** gentle pat on his back when he reaches the parallel bars

VI. **Correction Procedure:** If after 3 prompts he continues to “carry” his cane then offer human guide assistance to the parallel bars and continue with his gym routine.

## Sample Goal/Objective #2:

VII. **Data Collection Method:** data sheet on clip board

VIII. **Documentation Responsibility/Frequency:** quarterly notes

IX. **Training of Staff:** COMS will train staff

X. **Consultation:** with PT and Psych as needed

**Implementation Responsibility:** COMS with carryover by staff

# Sample Goal/Objective #3:

**Prepared By:** COMS

**Goal:** To have opportunities throughout daily routine to use trailing skills.

**Measurable Objective:** n/a

**Setting and Learning Environment:**

I. **Setting(s):** Day Program and Residence

II. **Frequency:** 2x/week with COMS and carryover in all settings with staff who support John.

III. **Duration:** 15-30 minutes

**Support Strategy:**

I. **Purpose:** To maintain trailing skills.

II. **Materials:** handrail

III. **Cue:** verbal (“John, find the handrail.”)

IV. **Method of Teaching:** John should trail within familiar indoor areas

Guide John in his wheelchair to the trailing surface. **Always** inform John that you will be pushing his wheelchair **BEFORE** moving him.

1. Tap the handrail and ask John to reach out for it. Provide hand over hand only when needed.
2. John can use either hand to trail so when possible choose the side with more continuous handrails (fewer breaks between rails).
3. John reaches forward and pulls himself up to meet his hand. When he feels the end of the handrail he pushes off and reaches forward to locate the next handrail.
4. Assist John (push his chair) to cross intersecting hallways, open doorways, and breaks between handrails.
5. If John loses contact with the handrail, verbally prompt him to keep trailing. Provide auditory cue (tap the railing) if John doesn't locate the handrail independently. Provide physical assist when needed.
6. When the destination is reached let John know where he is.

V.. **Reinforcement Procedure:** drink at the end of the trailing route

VI. **Correction Procedure:** hand over hand paired with verbal cuing

## Sample Goal/Objective #3:

VII. **Data Collection Method:** n/a

VIII. **Documentation Responsibility/Frequency:** COMS will write quarterly note

IX. **Training of Staff:** as needed

X. **Consultation:** as needed

**Implementation Responsibility:** All staff who support John in daily routine

# Sample Goal/Objective #4:

**Prepared By: COMS**

**Goal:** To increase safe and independent travel

**Measurable Objective:** By April 2018, Maria will travel an identified route using her adapted cane without crossing over the grass line with her foot per trial in 70% of trials for 4 consecutive months.

## **Setting and Learning Environment:**

- I. **Setting(s):** outdoor route between residence and day program
- II. **Frequency:** daily when attending day program (COMS 1-2x/week)
- III. **Duration:** approximately 15 minutes

## **Support Strategy:**

- I. **Purpose:** To increase Maria's safety and independence.
- II. **Materials:** Adapted cane ("push cane")
- III. **Cue:** Inform Maria that it is time to use her cane.

## **IV. Method of Teaching:**

1. Maria should always hold her cane with both hands and keep it extended out in front of her with the tips on the ground.
2. Exit residence by the front door.
3. Staff should walk behind Maria at a distance close enough to provide safety intervention.
4. Maria will travel with visual supervision down the front walk and turn left at the first sidewalk intersection.
5. Using the grassline as a guide, Maria will use her cane to remain on the sidewalk. When her cane meets the grass Maria should move it back to the sidewalk before stepping onto the grass.
6. Maria will travel to the crosswalk near "G" building. Cue Maria to stop. Staff then moves to position in front of and facing Maria and provides voice guide to help Maria safely cross the street and locate the sidewalk in front of day program.
7. Maria continues the entire length of sidewalk and takes a right to the entrance near the fitness center.
8. Once Maria enters day program she can hand her cane to staff and trail to Room 221.
9. The route can be reversed at the end of the day when she returns home from day program.

## Sample Goal/Objective #4:

**\*\*NOTE:** in areas where the sidewalk is not bordered on both sides by grass, staff should move beside Maria and walk on the side without grass. When grass is again available on both sides then staff should resume walking behind Maria.

**V. Reinforcement Procedure:** verbal praise and encouragement, a drink of water when she reaches the classroom

**VI. Correction Procedure:** If Maria does not maintain contact with the trailing surface:

1. If Maria steps onto the grass allow her several attempts to relocate the sidewalk. If she continues to move further away from the sidewalk on the grass and/or appears frustrated (loud vocalizations) the staff should give verbal cues to assist her to locate the original line of travel.
2. If Maria misses her turn (1<sup>st</sup> left after leaving residence or the right turn up sidewalk toward fitness center entrance) then verbally tell her that she missed her turn and allow her time to backtrack and locate the turn. If she is having difficulty then provide her with verbal directional prompts.

**VII. Data Collection Method:** Data sheet in Room 221 to record number of times Maria's foot steps on the grass from the sidewalk.

**VIII. Documentation Responsibility/Frequency:** staff to document on data sheet when Maria uses her cane to travel to day program. COMS 1-2x/week

**IX. Training of Staff:** COMS provides training on Maria's Mobility Plan

**X. Consultation:** COMS to consult with PT, Psych, staff as needed.