



3.11 Individual Plan Annual Review

Name:
Address:

D.O.B:

Review area	Y/ N	Corrective strategies	Person responsible	Time Frame
1. Current IP exists? <i>(Required for all service users within 3 months of entering the service)</i>				
ASSESSMENT				
2. Is there evidence in file of a Global Assessment (GAT) undertaken as part of the development of the current IP?				
3. Specify what evidence is in the GAT of assessment and consultation undertaken prior to the IP meeting towards identifying service users wishes, needs and strengths? <ul style="list-style-type: none"> • Discussed wishes / needs / strengths with service user? • Discussed service user wishes / needs / strengths with family / significant others? • Discussed service user wishes / needs / strengths with other Samaritans staff? • Discussed service user wishes / needs / strengths with other service providers staff? • Recorded observations of client likes / dislikes / strengths? • Review of documentation: Progress notes / IP Activity notes 				

Review Date:

Compassion Integrity Justice

Date Archived:



3.11 Individual Plan Annual Review

Name:
Address:

D.O.B:

Review area	Y/ N	Corrective strategies	Person responsible	Time Frame
<ul style="list-style-type: none"> • Review of formal assessments including, <ul style="list-style-type: none"> <input type="checkbox"/> GP Annual Review <input type="checkbox"/> Communication <input type="checkbox"/> Health <input type="checkbox"/> Dietician <input type="checkbox"/> Psychiatry <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Functional skills <input type="checkbox"/> Risk Profile <input type="checkbox"/> Transition plan <input type="checkbox"/> OTHER allied Health <input type="checkbox"/> OTHER Medical <input type="checkbox"/> OTHER vocational/training <input type="checkbox"/> _____ <input type="checkbox"/> _____ 				
<p>4. Is there evidence on file that the service user consultation was conducted using a range of augmentative and assistive communication techniques?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sign language <input type="checkbox"/> Pictures / line drawings/ symbols <input type="checkbox"/> _____ <input type="checkbox"/> _____ 				
<p>5. Information based on preference selection</p>				

Review Date:

Compassion Integrity Justice

Date Archived:



3.11
Individual Plan Annual Review

Name:
 Address:
 D.O.B:

Review area	Y/ N	Corrective strategies	Person responsible	Time Frame
demonstrated by the service user has been documented in the GAT?				
6. The service users current levels of participation in sub domain areas has been identified in the GAT?				
7. Does the GAT contain evidence to indicate that service encourages and support involvement of service user's family / friends / significant others in development of the IP?				
8. Does the GAT contain evidence that service encourages and supports involvement key staff in development of the IP?				
9. Does the GAT contain evidence that service encourages and supports involvement of other service providers in the development of the IP?				
10. Is the information gathered clearly linked to the recommendations made in the GAT for each sub-domain in: <input type="checkbox"/> LIFESTYLE OPTIONS <input type="checkbox"/> HEALTH AND WELLBEING <input type="checkbox"/> INDEPENDENT LIVING <input type="checkbox"/> EDUCATION AND VOCATION				

Review Date:

Compassion Integrity Justice

Date Archived:



3.11 Individual Plan Annual Review

Name:
Address:
D.O.B:

Review area	Y/ N	Corrective strategies	Person responsible	Time Frame
11. have changes in the service users circumstances been identified and incorporated into the individual plan? Including: <input type="checkbox"/> preferences <input type="checkbox"/> Support needs <input type="checkbox"/> Health <input type="checkbox"/> Support environment <input type="checkbox"/> Available resources <input type="checkbox"/> Priorities <input type="checkbox"/> Risks				
CONTENT				
12. Are the current GOALS clearly linked to the service users needs and preferences as identified in the GAT				
13. Is the IP in a format that is accessible, meaningful and available to the service user				
14. Is there evidence of regular discussions with the service user of their IP progress using communication techniques and materials required				
15. Does the IP Goals, objectives and strategies represent a balance of short, medium and long term planning.				

Review Date:

Compassion Integrity Justice

Date Archived:



3.11 Individual Plan Annual Review

Name:
Address:
D.O.B:

Review area	Y/ N	Corrective strategies	Person responsible	Time Frame
16. Is the IP representative of the service type and support currently provided including where relevant: <input type="checkbox"/> Health promotion and support <input type="checkbox"/> Mental Health promotion and support <input type="checkbox"/> Communication support <input type="checkbox"/> Independent living skills <input type="checkbox"/> Relationships and interpersonal support <input type="checkbox"/> Vocational and educational planning <input type="checkbox"/> Community presence and participation <input type="checkbox"/> Recreation and Leisure				
17. Are the OBJECTIVES <ul style="list-style-type: none"> • Specific • Measurable • Achievable • Realistic • Time framed • Related to the GOAL 				
18. Do the STRATEGIES clearly define how objectives going to be achieved including, <ul style="list-style-type: none"> <input type="checkbox"/> What needs to happen <input type="checkbox"/> A person who is responsible <input type="checkbox"/> A time frame for Completion OR implementation 				
IMPLEMENTATION				

Review Date:

Compassion Integrity Justice

Date Archived:



3.11 Individual Plan Annual Review

Name:
Address:
D.O.B:

Review area	Y/ N	Corrective strategies	Person responsible	Time Frame
19. Have the IP OBJECTIVES been met within the specified timeframe?				
20. Have IP STRATEGIES been completed within the specified timeframes?				
21. Has the service sought expert assistance to help in meeting IP goal?				
REVIEW				
22. Have the monthly key worker reviews been completed, with corrective actions and reports completed within specified time frames				
23. Have key stakeholders been notified of any alterations and adjustments to the IP in the last 12 months				

Comments: _____

KEY WORKER _____ Date: _____

SENIOR WORKER _____ Date: _____

AREA COORDINATOR _____ Date: _____

Review Date:

Compassion Integrity Justice

Date Archived: