DELAWARE DIVISION OF DEVELOPMENTAL DISABILITIES

ELP Personal Profile

This document is meant to provide a clear, easy-to-understand picture of a person and their supports. Please complete each section about the person to the best of your knowledge.

NAME: __________________________

PERSON COMPLETING PROFILE: __________________________

OTHERS CONTRIBUTING INFORMATION: __________________________

COMPLETION DATE: __________________________

NOTE: This ELP PERSONAL PROFILE should be completed by anyone who knows the person and who has information about how the person wants to live or wants to be supported. This profile is especially useful for getting information from people who are unable to attend the annual meeting or otherwise meet with the facilitator.

Section 1: What people like and admire about __________

Section 2: Describe what is important to ________________ in Day Services.

A. Places that ________________ likes to go:

B. Activities/Hobbies that ________________ enjoys doing:

C. Work/Volunteering/Help that ________________ enjoys doing:

D. People that are important to ________________ at the Center:
Section 3: Describe what is important for ________________‘s success on a job.

*Does __________ like his/her current job? ________________

*Did _________________ choose his/her job? ________________

A. Places that ________________ would like to work: [including business names and town/location]

B. Hours/Days that would be most desirable:

C. Working alone or in groups...does it matter?

D. Types of work that ________________ is interested in:

E. Types of work that ________________ dislikes:

F. Things that ___________ MUST HAVE that might affect work:

Section 4: Describe what is important to ________________ at home.

A. Places that ________________ likes to go:

B. Things that ________________ enjoys doing:

1. At home:
2. While we are out:

C. Chores/responsibilities, around the house, that __________ enjoys doing:

D. People at home that are important to ________________:

E. Things that ________________ really dislikes:

F. ________________‘s HOPES and DREAMS:

G. Important routines such as:
   1. Morning
   2. During transition
   3. Coming home
   4. Holidays/Celebrations
   5. Other

H. Things that can ruin ________________’s day.

I. Things that can make a great day for ________________.


J. Other things important to the person:

Section 5: Describe the best way(s) to help ______________ learn. (Use “Identifying a Person’s Learning Style” to complete this section.)

Section 6: Things to try or learn

A. Things they tried and enjoyed this past year:

B. Ideas for this year:

Section 7: Communication: (Must be completed if a person does not talk.)

A. How do you know ________________ likes something?

B. How do you know ________________ dislikes something?

C. Other important information regarding how ____________ communicates:
D. Other important information regarding how we communicate with ____________.

E. Communication Table

<table>
<thead>
<tr>
<th>In this situation:</th>
<th>When does this:</th>
<th>We think it means this:</th>
<th>You should do this:</th>
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**Section 8:** Progress and Significant Events of the past year:

**Section 9:** In Order to Support _________________, we must:

A. During Meals:
   1. At home:
   2. When we are out:
B. Doing Chores around the house:

C. Helping in the bathroom:

D. Medical/Health Related/Safety Supports:
   (include medications and what assistance they need to take them)

E. Supports for ____________________ when they get mad or upset:

F. Special Devices/Assistive Technology:

G. Helping ____________________ when we go out:

H. Barriers that ____________________ faces and ways to support:

I. Transportation Supports for ____________________:
J. Supporting _________________ with their appearance:

k. Supporting _________________ with their money

l. Other supports that we need to know about:

**Section 10:** Issues to be resolved/concerns.
(List what doesn’t make sense in the person’s life right now.)

**Section 11:** Outcomes for the ELP Action Plan: