**Person Centered Approaches in Schools and Transition (PCAST)**

*Information Gathering Packet*

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| **Full Name of person completing this packet:** |  |
| **Name of person with whom you are planning:** |  |
| **Date the packet was completed:** |  |

**Please place an “X” the box that best describes who you are:**

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|  | Person (this is my plan) |  | Friend |  | Staff (home/community) |
|  | Family |  | Spouse/boyfriend/girlfriend |  | Staff (school/employment) |

We ask that each student to complete this document with support as needed. Those who are close to her/him are also asked to complete it from their perspective. The information will inform the person centered plan.

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| **Who are the people closest to the person now?** | |
| Who are the people who are closest to the person now? This includes **FAMILY** (people related to the person), **FRIENDS** (people he/she identifies as a friend), **HOME & COMMUNITY** (people who are not family that provide support to in the home or community), and **WORK/SCHOOL/DAY SERVICE** (people who provide support where the person spends his/her days). Please write the name along with the relationship (i.e. – Bob Smith, brother). | |
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| **What people like and admire about the person?** | |
| *What are some great things about the person? What do people like or admire about the person? What are some things the person is good at or proud of in their life (interests, employment, relationships, etc)? What compliments do people pay the person?* | |
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| **Likes** | **Dislikes** |
| *What things does the person like to do at school? home? work? for fun? around town? on vacation? (classes? Activities? music, hobbies, movies, food)* | *What are things that the person avoids make for bad days? at school? at work? around town? on vacation? at home?* |
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| **Positive Rituals and Routines** |
| *Does the person have any specific things that need to happen or be done in order for the person to feel happy, calm and comfortable? Think about times of transition from home to school? Between classes? At lunch? Are there rhythms, patterns or routines that make things work best for him/her?* |
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| **Best Day** | **Worst Day** |
| *What would make for a perfect day? What happens when everything goes right? Where is he/she? Who is there? What is he/she doing? What things happen that really help the person have a wonderful day?* | *What would make for the worst day possible? What happens when everything goes wrong? Where is he/she? Who is there? What is he/she doing? What things really bug the person?* |
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| **Looking Back (My Story)** | |
| *What are the pivotal experiences in the person’s life that have helped define who they are as a person. These can be happy, sad or otherwise impactful events that helped shape what is most important to the person.* | |
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| **Looking Forward (My Vision for the Future)** | |
| *What does the best possible future look like? If no barriers existed, what job or activity would the person want to have during the day? Where would he/she live? Who would he/she live with or be near? What groups and activities would he/she be involved with in the community? What relationships would he/she have?* | |
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**How the person communicates**

*All people communicate feelings without using words. Please share how the person communicates feelings in various situations and offer advice on how others can best support them at those times.*

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| **What is happening?** | **What does the person do?** | **What we think it means?** | **What should we do?** |
| What is happening around the person? | What does the person do (expressions, behavior)? | What is the person trying to communicate? | How do we support the person to feel better? |
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***This packet was developed by The Elizabeth M. Boggs Center on Developmental Disabilities at Rutgers Robert Wood Johnson Medical School and includes person centered concepts, principles and materials used with permission from The Learning Community for Person Centered Practices: [www.learningcommunity.us](http://www.learningcommunity.us)***

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