



LEVELS OF SUPPORT – PLANNING TOOL

LEVELS OF SUPPORT - INFORMATION FOR:

NAME OF DECISION-MAKER

As individuals with disabilities, family members, and supporters plan for decision-making that will use self-determination as a foundation for building independence, this tool will enable all parties to assess what learning opportunities exist for building skills and strengthening confidence. Using the following key to determine the level of supports needed to accomplish a task or reach a goal will allow focus to be placed on areas that need further attention.



I Can
Do This
Completely
**BY
MYSELF**



I Can
Do This
Myself With
**SOME
SUPPORT**



I Need
**A LOT
OF SUPPORT**
To Be Able To
Do This



I Need
**SOMEONE
ELSE**
To Do This
For Me

I NEED THIS MUCH SUPPORT.....



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COMMUNICATION

Letting people know what I want and don't want				
Making sure people understand how I make choices				
Making people understand what I am trying to communicate				
Letting people know what tools (assistive technology, supports) I need to communicate				
Telling people what I want and don't want (verbally, by sign, device)				
Telling people how I make choices				

PERSONAL CARE

Choosing what I wear				
Getting dressed				
Choosing what I want to eat				
Deciding when and what I want to eat				
Taking care of personal hygiene (showering, bathing, brushing teeth)				
Taking prescribed medicine at appropriate time				

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STAYING SAFE

Making safe choices in my house (stove and oven, fire alarms, recognizing poison, sharp objects)				
Understanding and getting help if I am being treated badly (abuse or neglect)				
Making smart choices about alcohol and drugs				
Having an appropriate plan for emergencies or disasters				
Recognizing if I am being abused or treated badly (physically, emotionally, sexually)				
Knowing what to do if I feel like I am hurt or in danger				
Knowing what to do if I am being treated unfairly, bullied, or exploited				
Understanding how to respect others property or personal space				
Knowing how to speak up and who to call if something doesn't feel right				

HOME AND FRIENDS

Choosing where I live				
Choosing who I live with				
Keeping my room or home clean				
Planning and preparing meals				
Doing chores to make sure my living space is clean and safe				
Doing things that I enjoy in my free time				
Shopping for food and household items				

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DAILY LIFE IN THE COMMUNITY

Making choices about where I NEED to go –doctor/bank/work/store/etc.				
Making choices about where I WANT to go –vacation/special events/friend’s house				
Deciding what kinds of support I need or want				
Choosing who provides the supports I need				
Finding or using transportation to get to where I need to go				
Traveling to places I go often -for example/getting to work/stores/friends’ homes				
Traveling to places I do not go often -for example/doctors’ appointments/special events				
Choosing if I want to practice my faith and deciding where and when I do it				

EMPLOYMENT

Deciding if I want to work				
Deciding what type of work I want to do				
Filling out applications				
Interviewing for and applying for a job				
Deciding how to learn new skills and where to get them				
Going to my job every work day				
Knowing what accommodations I need at work and how to request them				
Understanding the employee handbook or work policies				

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HEALTH CHOICES

Choosing when to go to the doctor or the dentist				
Selecting which healthcare provider I want to use				
Scheduling medical appointments/tasks in everyday situations -check-up/meds from drug store				
Scheduling medical appointments/procedures in serious situations -surgery/injury/emergency				
Understanding how healthcare costs are covered -insurance, Medicaid, Medicare, etc.				
Understanding what will happen if I refuse or forget to take a medicine or follow instructions				
Taking the right prescription medicine at the right time				
Explaining why I take a certain medicine				
Telling doctors, nurses, and other healthcare workers about how I am feeling				
Explaining how my disability or health conditions affect me, in my own words				
Making choices about how I want people to support me in taking care of my health				

PARTNERS

Choosing if I want to date				
Choosing who I want to date				
Making choices about sex				
Understanding what the it means to give consent				
Making choices about marriage				
Making choices about birth control and pregnancy				

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MONEY

Paying rent and bills on time				
Keeping track of purchases, bills, and how much money I have -budgeting				
Making big decisions about money -opening a bank account/signing a lease/cell phone/computers				
Managing a bank account				
Handling everyday purchases –food/transportation/clothes/personal items/hobbies				
Understanding my governmental benefits -SNAP/Medical card/Section 8 housing/HUD				
Making sure no one is taking my money or using it for themselves				

BEING A CITIZEN AND ADVOCATING FOR MYSELF

Signing contracts and formal agreements				
Choosing who to vote for and voting				
Choosing who I want to help me make decisions				
Understanding rules, rights, and consequences				
Deciding who I want information shared with –staff/family/friends/etc.				

EDUCATION

Deciding what classes I want to take				
Telling someone what I need help with or what accommodations I need at school				
Deciding what college to attend or what to do after high school				
Providing input in my IEP or other meetings				

HOW I MAKE DECISIONS.....

- | | | | |
|--|--------------------------------|------------------------------------|---------------------------------|
| I like to talk to my friends and family first. | <input type="checkbox"/> Never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Always |
| I like to research and gather information about my options before I make a choice. | <input type="checkbox"/> Never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Always |
| It is hard for me to make decisions. Sometimes I feel stuck. | <input type="checkbox"/> Never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Always |
| I like to make lists and think about the pros and cons first. | <input type="checkbox"/> Never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Always |
| I listen to my gut and follow my own feelings. | <input type="checkbox"/> Never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Always |
| I rely on the experiences of others to help me make choices. | <input type="checkbox"/> Never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Always |
| I am driven to a decision by my values and goals. | <input type="checkbox"/> Never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Always |

What worries you the most when you have to make a decision? _____

What makes you feel the happiest when you have to make a decision? _____

*This document was developed using adaptations from components of the following resources:
ACLU, How to Make A Supported Decision Making Agreement
"Stop, Look, and Listen" tool, SC Supported Decision Making Project
National Resource Center for Supported Decision-Making
Person Driven Support Worksheet, Indiana Disability Rights, 6/19*





WEST VIRGINIA

EMPOWERED & ABLE!

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For More Information Contact Astrive Advocacy, Inc.
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