

Agency Neutral, Person Centered

Backwards Planning Template

This Plan is For	Current Age or Grade	Current Planning Year	Preferred Contact Method and Information



Employment First

Who is on My Team?

List the people that are part of your team that support and help you. This includes guardian(s), caregivers(s), natural supports, emergency contact(s), and professionals (e.g., agencies, providers, etc.).

Name	Agency	Role/Position	Email	Phone

Question 1

What do we know about your desired goal(s) or outcome(s)?

Perspective:	Training or Education Goal	Competitive Integrated Employment Goal	Independent Living Skill or Community Inclusion Goal
Person			
Guardian(s) / Caregiver(s)			
Professional(s) (e.g., agencies, providers, etc.)			
Other			

Question 2

What do we know about you?

Preferences

- Who I choose to spend time with
- What I choose to do during my free time
- How I prefer to receive information
- How I prefer to communicate
- Preferences for working: Alone? With 1 person? Groups?
- Environmental preferences: Open? Private? Active? Quiet? Bright? Dark?

Skills/Strengths

- My talents, gifts, abilities
- What I am good at doing
- When I am most independent
- What helps me to be successful
- My skill set for learning

Interests

- What fascinates me
- What gains my attention
- What is meaningful to me
- What is motivating/ reinforcing to me
- My hobbies or collections
- My favorite things, people, places, etc.
- What I like to do around the house

Needs

- What challenges me
- What accommodations or supports do I use?
- What is difficult for me
- When do I request assistance?
- What helps me feel most comfortable or safe
- 'Needs' that currently require another person to be present

		Name:	

Question 3. What else do we need to know?	Question 4. How will we find the answers?

Keep In Mind: The activities identified in Question 4 may include service delivery, assessments, observations, etc. provided by team members (current and future).

Question 5

What steps are needed to help you move from where you are now to where you want to be (the desired goal or outcome)?

Desired Outcome or Goal (select an outcome or goal to focus on from Question 1 and update if necessary)

Training or Education Goal
Competitive Integrated Employment Goal
Independent Living Skill or Community Inclusion Goal

If you would like to complete additional goals, you will need to duplicate pages 6-8 for each goal you wish to complete.

Backwards Planning

Desired Outcome or Goal: _____

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
Where are you now? What is your baseline or current skill level? Current Date:	Steps to Reach Milestone Target Date to Accomplish	Steps to Reach Milestone Target Date to Accomplish	Steps to Reach Milestone Target Date to Accomplish	Steps to Reach Milestone Target Date to Accomplish	What is the outcome, goal, or milestone for this domain? Target Dates:
Preferences and Interests Exploration					Preferences and Interests Exploration

Please reference the [Backwards Planning Guide](#) for detailed instructions on how to complete this section.

Backwards Planning

Desired Outcome or Goal: _____

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
Where are you now? What is your baseline or current skill level? Current Date:	Steps to Reach Milestone Target Date to Accomplish	Steps to Reach Milestone Target Date to Accomplish	Steps to Reach Milestone Target Date to Accomplish	Steps to Reach Milestone Target Date to Accomplish	What is the outcome, goal, or milestone for this domain? Target Dates:

Please reference the [Backwards Planning Guide](#) for detailed instructions on how to complete this section.