

# Support Strategies

## for Self-Administered Services (Updated annually by Employer)

**For:** \_\_\_\_\_

**Annual Meeting Date:** \_\_\_\_\_

**What is the Goal?** (what is needed or important to the person)\_\_\_\_\_

\_\_\_\_\_

**What is the Vision or Purpose of the Goal?** (What is hoped to be gained)\_\_\_\_\_

\_\_\_\_\_

**When will these steps be followed?** \_\_\_\_\_

**Who will follow these steps?** \_\_\_\_\_

**Employees will support this goal by following these steps: (list)**

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