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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