



ADULT LIFE ENRICHMENT (ALE) PROGRAM

ADMISSION APPLICATION

**THE ARC OF SAN ANTONIO
ADULT LIFE ENRICHMENT
PROGRAM ADMISSION APPLICATION**

ADMISSION APPLICATION PACKET CHECKLIST

THE FOLLOWING ITEMS (IF APPLICABLE) ARE NEEDED FOR A COMPLETE APPLICATION PACKET.

IF THE ITEM DOES NOT APPLY, MARK THE SPACE N/A.

PLEASE BE SURE TO SUBMIT COMPLETE PACKET TO THE ALE PROGRAM DIRECTOR.

- **Completed Program Admission Application**
- **Current photograph**
- **Determination of Intellectual Disability (DID) or other Developmental Disability (get from case manager/service coordinator or provider agency)**
- **Most recent medical and/or nursing assessment / physician's report/notes**
- **Physician's orders for current medications or OTC medications (if given during program hours)**
- **Most recent psychological assessment / update (if applicable)**
- **Most recent psychiatric assessment / update (if applicable)**
- **Copy of behavior management plan (if applicable)**
- **Copy of the Intellectual Disability Related Conditions (IDRC) (if applicable get from case manager/service coordinator or provider agency)**
- **Most recent IPC / IEP / ARD / PDP**
- **Most recent vocational assessment / update (if applicable)**
- **Most recent ICAP / Level of Need information (including computer print-out)**
- **Copy of picture I.D. / military dependent I.D.**
- **Copy of Social Security card**
- **Copy of Medicaid / Medicare card**
- **Copy of VIA transportation card (if applicable)**
- **Copy of Guardianship papers (if applicable)**
- **Vaccination Records**
- **Documentation required by the funding agency to be filled out by The Arc of San Antonio Staff. (Service delivery logs, objective training sheets, behavior tracking sheets – The Arc will request these from the funding agency if applicable.)**
- **Application fee of \$25.00 (new applicants only)**

Note: Please ask The Arc of San Antonio for assistance if needed.

Payment Received:
\$ _____

Date Application Received:

**THE ARC OF SAN ANTONIO
ADULT LIFE ENRICHMENT
PROGRAM ADMISSION APPLICATION
(Please fill out completely all areas that apply.)**

Desired Location: 13430 West Avenue _____ or 6530 Wurzbach Road (PSC) _____

Applicant's Name: _____
(First) (Middle) (Last)

Nick Name (if applicable): _____

Birthdate: _____ Social Security #: _____

Race: ___ White-Hispanic ___ White- Non-Hispanic ___ African American ___ Asian ___ Other: _____

Address: _____
(Street) (City) (Zip)

Check one: Family residence ___; Foster home ___; Group home ___

Phone#: _____ VIA ID#: _____

Medicaid #: _____ Medicare #: _____

Current Level of Need (check one): ___1 ___5 ___8 ___6 ___9 (if known)

FAMILY CONTACT INFORMATION

Name: _____

Address: _____

Home Phone #: _____ Work #: _____ Cell #: _____

Email: _____ Relationship to Applicant: _____

Name: _____

Address: _____

Home Phone #: _____ Work #: _____ Cell #: _____

Email: _____ Relationship to Applicant: _____

Are you currently or have you ever served in a branch of the US Military Services? ___ Yes ___ No
(Please respond for funding purposes.)

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship to Participant: _____

Home Phone #: _____ Work #: _____ Cell #: _____

GUARDIAN CONTACT INFORMATION

Is the participant his or her own guardian: ____ Yes ____ No (If yes, continue below.)

Legal Guardian's Name: _____

Address: _____

Home Phone #: _____ Work #: _____ Cell #: _____

Type of Guardianship: _____

I, the participant, _____ give permission for The Arc of San Antonio to contact _____ (person's name) about programmatic issues while attending The Adult Life Enrichment Program at The Arc of San Antonio.

Consumer Signature

Date

SERVICE PROVIDER CONTACT INFORMATION

Name of Service Provider (Agency/Company): _____

Address: _____

Business Phone #: _____ Contact Person: _____

Case Manager / Service Coordinator / QMRP: _____

Office Phone #: _____ Cell #: _____

Name of Group Home / Facility: _____

Address: _____

Residential Director: _____ Phone #: _____

RN / LVN: _____

Office Phone #: _____ Cell #: _____

Psychologist: _____

Office Phone #: _____ Cell #: _____

DOCUMENTATION PERTAINING TO CLIENT

Does the client have documentation that would have to be completed by The Arc Staff?

Daily Service Notes: Yes No

Behavior Data Sheet: Yes No

Goal/Objective: Yes No

(If yes, documentation needs to be provided before client starts attending The Arc.)

PHYSICIAN CONTACT INFORMATION

Name of Physician: _____

Office Address: _____

Office Phone #: _____ Contact Person: _____

MEDICAL / PHYSICAL INFORMATION

Primary Diagnosis: _____

Other Medical Diagnosis: _____

Allergies: _____

Does the applicant have seizures? Yes No If yes, what is the frequency and duration of the seizures? _____

VNS? Yes No Location? _____

Does the applicant have any special medication or health care needs (for example, G-Tube, VP Shunt, others?)? Yes No

If yes, please indicate: _____

Current Medication Regimen

(Please list all medications taken on routine basis: prescription and over the counter)

Medication: _____ Dosage/Schedule: _____

Reason Taken: _____

Medication: _____ Dosage/Schedule: _____

Reason Taken: _____

Medication: _____ Dosage/Schedule: _____

Reason Taken: _____

Medication: _____ Dosage/Schedule: _____

Reason Taken: _____

Medication: _____ Dosage/Schedule: _____

Reason Taken: _____

Medication: _____ Dosage/Schedule: _____

Reason Taken: _____

ADAPTIVE / SUPPORTIVE DEVICES

Does the applicant require the use of any adaptive / supportive devices? If so, check all that apply and provide specific instructions for use if needed.

- | | | |
|---|--|--|
| <input type="checkbox"/> Eye Glasses | <input type="checkbox"/> Contacts | <input type="checkbox"/> Hearing Aids |
| <input type="checkbox"/> Soft Helmet | <input type="checkbox"/> Hard Helmet | <input type="checkbox"/> Face Guard |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Crutches | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Hand/Wrist/Arm Splints | <input type="checkbox"/> Leg Splints | <input type="checkbox"/> Elbow/Knee Pads |
| <input type="checkbox"/> Orthopedic Shoes | <input type="checkbox"/> Orthotic Shoe Inserts | <input type="checkbox"/> Braces |
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Electric Wheelchair | <input type="checkbox"/> Special Built-up Wheelchair |
| <input type="checkbox"/> Support Hose | <input type="checkbox"/> Gait Belt | <input type="checkbox"/> Back Brace |
| <input type="checkbox"/> Head Pointer | <input type="checkbox"/> Adult Diapers/Pads | <input type="checkbox"/> Special Eating Utensils |
| <input type="checkbox"/> Special Drinking Devices | | |
| <input type="checkbox"/> Other (specify): _____ | | |

Instructions for use: _____

Toileting

Does the applicant have special toileting needs? Yes No

Is the applicant on a toileting schedule? Yes No

If the answer to either question is yes, please provide specific information regarding the applicant's toileting needs: _____

Eating / Dining Concerns

Does the applicant have special concerns or needs while eating? Yes No

Does the applicant easily choke? Yes No

Does the applicant have any food allergies? Yes No

Does the applicant require assistance during meals? Yes No

Does the applicant steal or horde food? Yes No

Does the applicant require any supplements? Yes No

If the answer to any of the questions above is yes, please provide specific information:

Behavioral Information

Does the applicant have a formal behavior management plan? ___Yes ___No

If yes, please list the specific behaviors the plan addresses. If more space is needed, please continue on back of this page.

Behavior: _____

Triggers: _____

Advanced warning signs: _____

What actions can staff take to best manage behavior: _____

Behavior: _____

Triggers: _____

Advanced warning signs: _____

What actions can staff take to best manage behavior: _____

Behavior: _____

Triggers: _____

Advanced warning signs: _____

What actions can staff take to best manage behavior: _____

To Parents and Providers:

Attached is a Physician Medication Order that is used at The Arc for those individuals requiring medications while in our care. This form is to be filled out completely by the physician, not by the parent or provider. This order must be in place before we will assist in administering any medication to the individual it is prescribed for; **NO EXCEPTIONS**.

The Arc's Physician Medication Order is good for one year from the date signed by the physician. If there is any change in medication or dosage during that time, a new order must be obtained before we will assist in administering.

The Arc cannot assist in administering the first dose of a new medication. This is done for the individual's safety in the event any side effects or reactions occur. Please discuss with the Arc nurse, in advance, any new medications or dosages that are started at home. Depending on the medication, the individual may be required to remain at home for the first 24 hours after starting the new medication or dosage to monitor for side effects.

All medications are to be in their original containers/blister pack and must coincide with the written physician's order. To avoid having medications travel back and forth daily, a "school dose" bottle/blister pack may be obtained from the pharmacy. In order to obtain a "school dose" bottle/blister pack, please ask your physician to indicate this specifically on the prescription that is to be presented to the pharmacy.

For any medications that are not taken by mouth (such as G-Tube) or special medications (ex. Diastat), please contact the nurse @ 210.490.4300 ext. 138 for the appropriate physician's form.

The Arc is committed to ensuring the personal growth and life enrichment of individuals with developmental disabilities. Thank you for assisting us with that goal by making certain necessary medications are dispensed by The Arc in a safe and proper manner.

If you cannot contact the nurse please call the Adult Life Enrichment Program Manager at 210-490-4300 ext. 119.



Physician Medication Order

Participant Name: _____ DOB: _____

ALLERGIES: _____

Please assist _____ with taking the following:

Medication(s): _____

Condition for Use: _____

Dosage and special instructions for medication (please include any concerns or special monitoring):

Time of day to be taken: _____ Days to be taken: _____

Prescription Date: _____ Continue this Medication Until: _____

Prescribing Physician (Name and number): _____

Physician's Signature

Date

This order will expire one year from the date signed, unless otherwise stated by physician. Please feel free to contact our nurse with any questions or assistance needed at 210.490.4300 x 138 or the ALE Program Director at 210.490.4300 x 119

Medication must be in its original and current container (may use a school dose bottle supplied by the pharmacy) with person's name clearly printed and with the current dose instructions.

Participant Name: _____

DOB: _____

ALLERGIES: _____

PRN Approved Medication List

The following "PRN" (as needed) medications will be offered at The Arc of San Antonio. Discuss with your physician which, if not all, are appropriate. If you object to any of these medications, then please make one line through the medication and date and initial. Please sign at the bottom to acknowledge this list, and make sure the physician signs also. Should you need other PRN medications, or a different dose than specified, then you must bring in a physician's order (please see the nurse for a blank form) and the medication that is being prescribed in its original container or blister pack.

Medication	Used for.....	Dosage	Calls to Home/Nurse
Acetaminophen 500mg	Fever/Pain	1 - 2 tabs q 6 hrs.	Call home to ensure not recently taken. Call nurse for fever.
Acetaminophen 325 mg	Fever/Pain	1-2 tablets q 4-6 hrs	Call home to ensure not recently taken. Call nurse for fever.
Acetaminophen 160mg liquid or chewable	Fever/Pain	1 tablet q	Call home to ensure not recently taken. Call nurse for fever.
Ibuprofen 200mg	Fever/Pain	1 to 2 tabs q 6 hours	Call home to ensure not recently taken. Call nurse for fever.
Aspirin 325 mg	Fever/Pain	1-2 tabs q 4-6 hrs	Call home to ensure not recently taken. Call nurse for fever.
Diphenhydramine 25mg	Acute allergic reactions to food/ contact/stings	1-2 tablets PO	For Clients without an Epi-Pen onsite or undiagnosed allergies. Call home/ Nurse to notify.
Claritin (generic) 10mg	Sneezing, itchy watery eyes, runny nose	1 tablet PO (not more than one inn 24 hrs.)	Call home first. May have taken at home.
Zyrtec (generic) 10mg	Sneezing, itchy watery eyes, runny nose	1 q 24hrs ages 6 and over	Call home first. May have taken at home.
Liquid Zyrtec 1mg/ml	Same as above, but for those who need liquid form.	5ml or 10ml PO once in 24 hrs.	Call home first. May have taken at home.
Tums (generic)	Mild stomach upset/heartburn	1-2 chewable tablets	Basic First Aid

Continued on Next Page

PRN Approved Medication List (Continued)

Participant Name: _____ **DOB:** _____

ALLERGIES:

<i>Medication</i>	<i>Used for.....</i>	<i>Dosage</i>	<i>Calls to Home/Nurse</i>
Chloraseptic or Halls Lozenges	Sore throat/Cough	Dissolve 1 lozenge slowly in mouth q 2 hrs.	Call if not effective
Liquid Tears generic	Dry or irritated eyes	1 drop in each eye as needed	Basic First Aid
Loperamide 2 mg tablets	Diarrhea	Ages 12+ yrs; 1 caplet after loose BM	Call prior to assisting with dose. If diarrhea continues after two doses, individual needs to go home.
Triple Antibiotic Ointment	Cuts, Scrapes	Apply a small amount skin	Basic First Aid
DynaWound Skin Cleanser (benzethonium chloride 0.13%) Spray	Wound cleanser	Spray enough to clean affected area and pat dry	Basic First Aid
Saline Wound Wash	Wound cleanser	Spray enough to clean affected area and pat dry	Basic First Aid
DynaShield or A&D ointment skin protectant	Skin Rash	Apply a thin layer to skin rash	Basic First Aid
BZK wipes 0.5% (Benzalkonium Chloride)	Antiseptic skin wipe	Wipe carefully over affected area.	Basic First Aid
Sunscreen Lotion 30+	Outdoor sun protection	Minimum of 30+ is available	No need to call prior to use.
Hydrocortisone 1% ointment	Allergic reaction/itching	Apply thin layer skin affected area	Call home first
Calamine Clear Lotion	Itching skin	Apply a thin layer to itching skin	Call if not effective.

Printed Name of Physician

Signature of Physician

Date

I acknowledge the above PRN medications are offered at The Arc of San Antonio. I understand that the guidelines above will be followed while at The Arc. Should a need other treatments or medications arise, I must supply The Arc with an order from my physician, as well as the medication prescribed in its original container.

 Signature of Participant (if over 18 & own guardian)

 Date

 Signature of Parent/Guardian (if applicable)

 Date

**THE ARC OF SAN ANTONIO
ADULT LIFE ENRICHMENT PROGRAM
CONSENT / RELEASE FORM**

REVIEW THE FOLLOWING FORM TAKING INTO CONSIDERATION THE PARTICIPANT MAY BE INVOLVED IN ONE OR MORE OF THE ACTIVITIES LISTED BELOW. WE ASK THAT YOU AS THE PARTICIPANT, LEGAL GUARDIAN OF AN INDIVIDUAL MAKE A DETERMINATION ON EACH OF THESE ISSUES AND INDICATE YOUR RESPONSE APPROPRIATELY. THIS FORM SHOULD BE COMPLETED AT THE TIME OF ADMISSION AND AT LEAST ANNUALLY.

I, _____ give or do not give my consent/permission for
(Individual's Legal Guardian/Parent)

_____ on each of the following issues.
(Individual's Name)

MEDICATION ASSISTANCE

	YES	NO
1) Consent/permission to assist the participant with any prescription or over-the-counter medication(s) their physician has approved or prescribed.		

PHOTOGRAPHS / VIDEOS

	YES	NO
1) Consent/permission for your individual's photographs to be used for recognition throughout The Arc facilities, in the classroom, on posters or in their communication books.		
2) Consent/permission for photographs or videos to be used by the Arc to portray or promote Arc activities in publications, brochures, website, and Facebook		
3) If consent/permission for photographs or videos is given, I also give my consent/permission for the individual's first name only to accompany the photographs or videos.		

PARTICIPATION IN OUTINGS / FIELDTRIPS and EMERGENCY TRANSPORT

	YES	NO
1) Consent/permission to participate in community outings and fieldtrips (i.e. shopping, movies, parks, bowling, etc.)		
2) If consent/permission to participate in community outings and fieldtrips is given, I also give my consent/permission for Arc staff to transport the individual.		
3) In the event of a medical, facility, environmental or natural disaster emergency, I also give my consent/permission for Arc staff to transport the individual.		

RELEASE OF CONFIDENTIAL INFORMATION

	YES	NO
1) Consent/permission for the individual's confidential information to only be shared with The Arc staff for programming purposes.		
2) Consent/permission for the participant's confidential information to be shared with the individual's Service Coordinator, Case Manager, QMRP or Provider.		
3) Consent/permission for the individual's confidential information to be shared with (Please Indicate Who):		

(Legal Guardian / Parent/ Provider Signature)

(Date)

(Individual Signature)

(Date)

The Arc of San Antonio

Adult Life Enrichment Program - FAQ's

- **What is the age range of individuals that can participate in the program?** The program delivers Life Enrichment services to individuals with intellectual and developmental disabilities from age 18 and up.
- **What are the hours of program operation?** The program operates Monday through Friday from 7 a.m. to 4:30 p.m.
- **Is there a late pick-up fee?** Yes, the Adult Life Enrichment Program at The Arc of San Antonio closes at 4:30 p.m. A late charge will be assessed for any participant picked up after 4:30 p.m. **The charge is \$5.00 for the first 15 minutes and \$1.00 for each minute after that.** Exceptions will be made on a case by case basis. For example, if your participant is transported by VIA and they are delayed by circumstances beyond your control, you will not be charged.
- **Is lunch provided?** No, we do not provide lunches. However, we will assist individuals that may have special dietary concerns or need assistance while eating. We ask that individuals bring a cold lunch that requires no special preparation. On some occasions, we do provide lunch such as a cookout or special luncheon and you will be notified in advance of these occasions.
- **Is transportation provided?** No, we do not provide transportation to or from the program. Arrangements for transportation are the responsibility of the family or provider. If community outings are scheduled we will travel in the Arc vehicles driven by Arc staff to and from the outing.
- **Where should I drop off or pick up an individual?** We require all individuals to be dropped off or picked up at the rear entrance (West Ave.) or side entrance (Pam Stephens Center) to the building. We ask this for safety concerns and because program staff members are always available at this entrance to assist and monitor the arrival or departure of individuals by receiving them from the parents, caregivers or VIA.
- **Is there a nurse on staff?** Yes, we have an RN on staff. However, she covers two locations and is not always in the building.
- **Can individuals take medication during the day if there is a need for this?** Yes, program staff members will assist individuals that require medication to be taken during the day. We do require a written physician's order for all medication that will be taken while attending the program. When medication reaches a 5-day supply, the individual's family or provider will be notified to replenish the medication.
- **What kinds of activities do individuals participate in?** Individuals participate in a variety of activities that enhance existing skills or teach new skills that enable them to maximize their independence. Skill areas may include but are not limited to personal skills development, motor skills, home skills, community integration skills, functional academic skills, leisure skills, arts and crafts skills and pre-vocational skills.
- **What kind of community integration activities does the program offer?** We try to offer a variety of outings and fieldtrips that focus on both learning and recreational experiences. Examples of these might be going to a fire station, a museum, or going bowling.
- **Are there extra costs involved in community outings?** Depending on what type of community outing we have scheduled, we may ask that parents or providers send additional money to defray admission or food and beverage costs in addition to a small transportation fee.

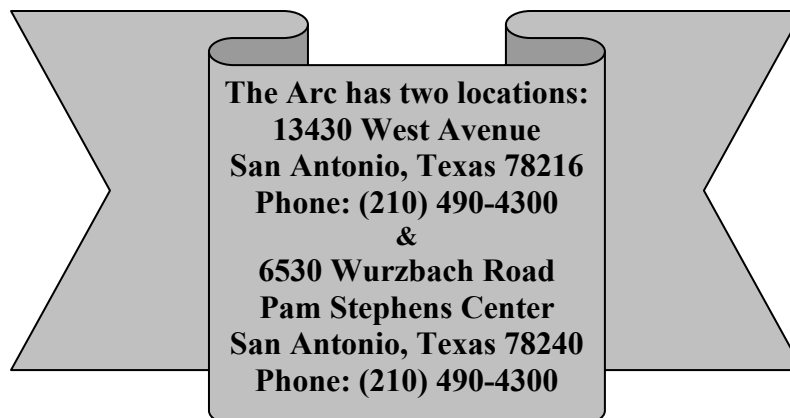
- **How many individuals are in a classroom or group?** Groups vary in size and are based on individual level of functioning, personalities, space limitations and type of activity. The typical group consists of 10 – 20 individuals.
- **How many staff members work with each group?** Our support ratios are typically between 1:5 and 1:7.
- **Can I visit the program during the day when an individual is there?** Yes, family members and providers are always welcome to visit the individual in the program. . We hold quarterly open houses during programming hours and monthly lunch dates for you to see what is happening. .
- **Can a family member or provider representative attend special activities that are held at the Arc?** Yes, we often have special seasonal activities or events and extend an invitation for others to attend. This is a good opportunity for you to spend additional time with your family member or participant.
- **Can a family member or provider representative volunteer at special activities or on community outings?** Yes. However, because you will be in close and prolonged contact with other program participants, you will have to agree to a criminal background check prior to volunteering.
- **Who should I contact with special concerns, instruction, or if I just have a question?** We ask that you contact the Adult Life Enrichment office at any of the following extensions: 210-490-4300 x119 or x126. There are individuals at these numbers who will be able to assist you and answer any questions you may have. You may also leave a voice-mail message if you wish to have a call returned.
- **Can individuals with significant behavioral, medical, toileting or other concerns attend the program?** Yes. However, we look at new applicants on an individual basis and assess our ability to serve them based not only on past history, but also on their current ability to be successful in our program. Significant concerns and needs are taken into account when we are making a determination to serve an individual.
- **How are emergencies handled?** We always require emergency contact numbers for all individuals that attend the program so in the event of an emergency we can contact someone. Should there be a serious medical or injury related emergency we will contact 911 prior to contacting the family or provider.
- **How will I know when the program will be closed for holidays or other reasons?** All participants, families and providers will receive a calendar during January of each year, which indicates the days in which the program is closed. We also send out a notification several days in advance of each scheduled closure just as a reminder. In the event of inclement weather, participants and caregivers are notified of closures via the Remind app and an email.
- **How much does it cost for an individual to attend the program?** Private pay program fees are based on an individual's Level-of-Need. Fees are billed at a flat monthly rate for either full-time or part-time enrollment, regardless of attendance. According to plan chosen, full fees range from about \$240.00 per month to \$1,200 per month. You may apply for a reduced rate based on a sliding scale fee schedule. Eligibility is based on both household income and household size.
- **What if I have questions about my bill?** If you specific question regarding your bill you may contact our billing office at 210-490-4300 x117.
- **Are there special protocols in place to mitigate the spread of COVID?** Yes, we follow current CDC and Texas Health and Human Services guidelines. We observe social distancing, proper hygiene and sanitation routines, and encourage mask-wearing. As the pandemic evolves, these protocols are subject to change.

- **How many COVID cases has The Arc had?** Since the onset of the Omicron variant of Covid, The Arc has had minimal positive cases within our facility. We've had more cases of household members of participants test positive.
- **What happens when someone tests positive?** If a household member tests positive, we ask that The Arc be notified. We ask that the participant quarantine for 5 days since their last exposure. If the participant does not exhibit any symptoms during the 5 day period, they may return to the facility once the quarantine is completed. Also, they must be show improvement of symptoms and be fever free without medication for 24 hours. If they develop symptoms, we ask that the participant be tested. If they test positive, they must isolate for 5 days and be retested before returning. The day that they test positive will be the first day of isolation (not the first day of exposure).

IF YOU HAVE OTHER QUESTIONS, PLEASE CONTACT THE ADULT LIFE ENRICHMENT OFFICE AT 210-490-4300 x119 OR x126.

Staff Directory and Important Contacts

Interim Executive Director	Dona Kotzur	(210) 490-4300 Ext. 127 dkotzur@arc-sa.org
Vice President/CFO	Susan McGonagle	(210) 490-4300 Ext. 118 smcgonagle@arc-sa.org
ALE Program Director	Elisa Williams	(210) 490-4300 Ext. 119 ewilliams@arc-sa.org
Registered Nurse	Mary Young	(210)490-4300 Ext. 138 myoung@arc-sa.org
Director of Family Support Services (FSS) (All-encompassing case management for all ages)	Jennifer Tarr	(210)490-4300 Ext. 113 jtarr@arc-sa.org
Director of C.L.A.S.S. (Community Living and Support Services Medicaid Waiver Program)	Yolanda Fuentes	(210)490-4300 Ext. 112 yfuentes@arc-sa.org
Director of C.S.C.M. (Community Services Case Management – children ages 3 – 21 with special health care needs)	Lauren Schuler	(210) 490-4300, Ext. 122 lschuler@arc-sa.org
Finance Office	Mary Longoria	(210)490-4300 Ext. 111 mlongoria@arc-sa.org
Billing Coordinator	Nur Kent	(210)490-4300 Ext. 117 nkent@arc-sa.org



**THE ARC OF SAN ANTONIO
ADULT LIFE ENRICHMENT
PROGRAM ADMISSION APPLICATION**

GLOSSARY OF ACRONYMS

IPC – Individual Plan of Care. A written plan, updated annually, that outlines the services and supports that an individual will receive during a plan year.

IEP – Individual Education Plan. A written plan, updated annually, created by teachers and parents that establishes goals and objectives to be worked on in school.

ARD – Admission, Review and Dismissal. Annual meetings with school district personnel and parents to review goals and objectives, and discuss the child’s progress, class schedules, accommodations/modifications, transition related activities, and any other issues that impact the child’s educational opportunities.

PDP – Person-Directed Plan. A plan that describes the supports and services necessary to achieve the desired outcomes identified by the individual and Legally Authorized Representative (LAR), and to ensure the individual’s health and safety.

ICAP – Inventory for Client and Agency Planning. A comprehensive assessment tool.