

Problem Solving Tool
Draft June 3, 2018

Person: _____

Date: _____

Interviewer: _____

Respondent(s): _____

Key Strengths: Please identify two or three strengths that makes this person unique

Issue for Discussion: Describe whether this is an issue related to quality of life or social interactions (or both). Circle the areas that need to be discussed.

Quality of Life Issue

- Happiness
- Relationships
- Work and Money
- Becoming a better person
- Being healthy
- The ability make choices and control
- My rights
- Access to the community

Social Interaction Issue

- Work/employment related
- Roommates or family
- Interactions occurring with staff
- Community related interactions
- Other: _____

Identify the routines or settings associated with this issue:

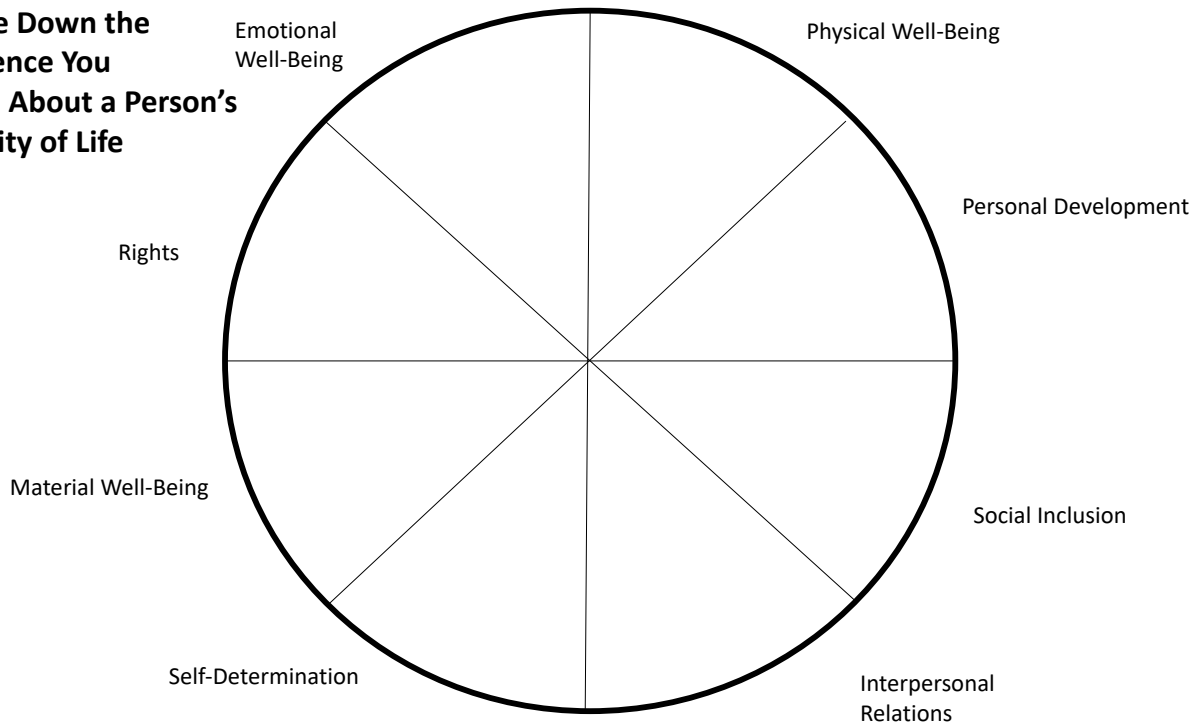
List the Strategies That Have Been Used to Address This Issue

- Personal Description/Action Plan (Please Circle if this is in Place)
- _____
- _____
- _____
- _____

Make a List of the Documentation Used in This Discussion

Quality of Life Discussion
How Well Do You Know _____ (Name's) Quality of Life?

Write Down the Evidence You Have About a Person's Quality of Life



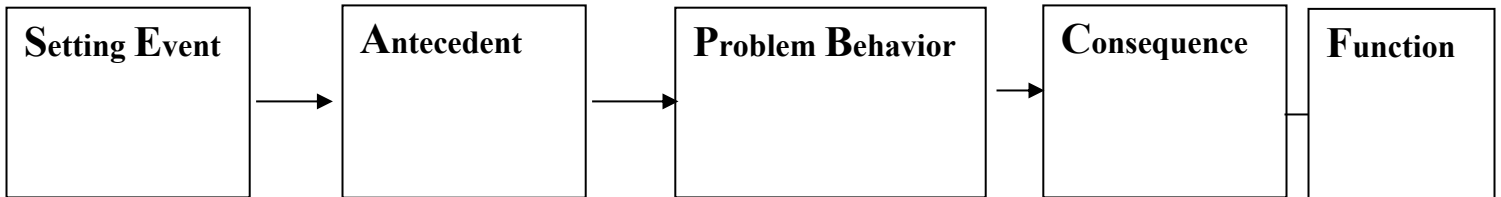
How Confident is the Team That the Quality of Life Issues Are Clear? Circle Your Level of Confidence Below:

1-Not at all 2-Somewhat Confident 3-Pretty Confident 4-Very Confident

Social Interactions Discussion

Person's Name: _____

Note the Routine or Setting: _____



How Confident is the Team That this is the Function? Circle Your Level of Confidence Below:

1-Not at all 2-Somewhat Confident 3-Pretty Confident 4-Very Confident

Problem Solving Steps: Write down the steps that will be taken to address the issue discussed in the meeting today.

Action Plan Items	Person Responsible	Date Due