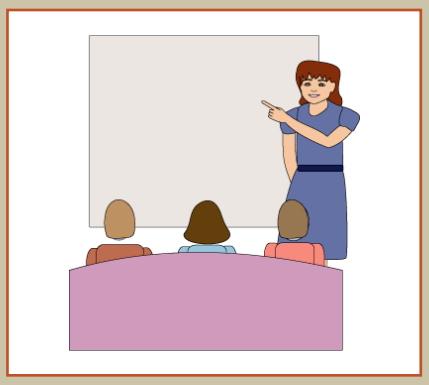
HOW I WANT TO SPEND MY TIME

Making Informed Choices

HAVING A JOB

PARTICIPATING IN THE COMMUNITY

CLASSES AND EDUCATION



Eastern Los Angeles Regional Center www.elarc.org

Name _____ Date _____

This booklet helps you tell agencies and providers about your goals and how you want to spend your time. The agency's and provider's job is to help you accomplish what is important to you.

What kind of job you want

Classes you want to take

Community activities you want to do

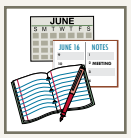
Having information you need before making an important decision helps you be in charge. This means you are making **informed choices** about who will support you and how they will help accomplish your goals.

HOW TO USE THIS BOOKLET

1. Look at the questions, think about what you want.
2. Answer the questions.
3. Meet with the agency or provider about your choices.
4. Make an agreement with the agency or provider.

CHOOSE [1] AREA MOST IMPORTANT TO YOU

I want to work:



☐ **Have a job** ☐ **My own business**

Type of work _____

Hours per day _____

Days to work _____

Money I want to make _____

Other important things_____

I need help understanding benefits: ☐ yes ☐ no

I want to learn new things:

☐ Train for a job

☐ Take classes

☐ Go to college

☐ Other

Notes: (When, Where)

I want to be in the community:

☐ Go places I like

☐ Be a volunteer

☐ Make friends or date

☐ Other

Notes: (When, Where)

IMPORTANT THINGS TO KNOW ABOUT ME

✔ Check off what is important:

- ☐ I like quiet places.
- ☐ I do not mind noise.
- ☐ I like a support person who helps me.
- ☐ I like to do things on my own.
- ☐ I do not like crowds.
- ☐ I like being around lots of people.
- ☐ Other _____

SUPPORT I NEED

1. Job coach to show me how to do my work.

☐

2. Tutor to help me learn new things.

☐

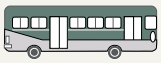
3. Help with making arrangements.

☐

4. Help communicating what I want.

☐

5. Transportation.



☐

QUESTIONS FOR AGENCIES AND PROVIDERS

I want a provider who will help me with this goal.
✔ Check area most important.

☐

Work

☐
Learning new things

☐
Being in the community

1. How will you help me reach my goal?

2. How will you help me make my plan?

3. If I change my goal, will you help me make a new plan?

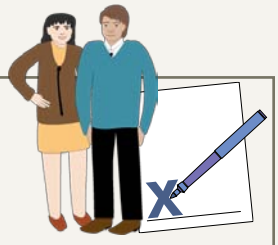
4. Can I choose the person who will support me?

5. Who can I talk to that you have helped?

Name

✔ OUR AGREEMENT

I agree to:



1. Tell you what is important to me.
2. Work with your staff to make my plan.
3. Take action on my plan.
4. Say what is working well for me.
5. Report what needs to change.

✔Signature _____

Date _____

You [Agency and Provider] agree to:

Listen to what is important to me.

Help me make my plan.

Help me take action on my plan.

A. Make or get adaptations I need.

B. Provide trained staff.

C. Use community resources.

Other _____

✔Signature _____

Date _____

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