## **Evaluating Community Supports**

The following are some quality indicators that can help you assess the benefits of your community support services.

| 1. Safety                                  |   |   |        |  |
|--|---|---|--------|--|
|  | ✓ | Do you feel physically and emotionally safe at your program?                                      | Yes No |  |
|  | ✓ | Do you feel respected by program staff?   | Yes No |  |
| 2. Choices and control over services       |   |   |        |  |
|  | ✓ | Did you chose your community support provider?  | Yes No |  |
|  | ✓ | Did you choose your services and activities?  | Yes No |  |
|  | ✓ | Do you change activities when you want to?  | Yes No |  |
|  | ✓ | Do you know how to change service providers if you want to?                                       | Yes No |  |
| 3. Goals are individualized and measurable |   |   |        |  |
|  | ✓ | Did you help develop the goals for your Individual Service Plan (ISP)?                            | Yes No |  |
|  | ✓ | Did you determine the strategies for reaching your goals?   | Yes No |  |
|  | ✓ | Are there clear indicators for measuring goal attainment?   | Yes No |  |
|  | ✓ | Do you have adequate support for reaching your goals?   | Yes No |  |
|  | ✓ | Do you work with your provider to regularly update goals to reflect your changing needs?          | Yes No |  |
| 4. Relationships                           |   |   |        |  |
|  | ✓ | Do you get support fostering friendships and meaningful relationships with your peers and others? | Yes No |  |

## 5. Community Access and Integration

| ✓        | Do you know about different types of community resources and activities?                  | Yes No |
|----------|---|--------|
| <b>✓</b> | Do you have opportunities to access resources and events of your choice in the community? | Yes No |
| ✓        | Can you spend as much time as you want in the community?                                  | Yes No |
| <b>✓</b> | Do you have opportunities to interact with members of your community?                     | Yes No |
| ✓        | Do you have opportunities to build natural supports in your community?                    | Yes No |
| ✓        | Do you feel you are a valued member of your community?                                    | Yes No |