ME Sheet

*The intent of this form is for the TCM or other support team member to have a conversation with the individual and get responses to these questions.*

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| My Name: | Date: |

1. Something I want everyone to know (celebrations, accomplishments):
2. Achievements from last year (including goals):
3. I want (preferred lifestyle, social activities, etc):
4. What do I need for independence (supplies, technology, supports):
5. I wish (dreams):
6. Things that I don’t like:
7. New goals for myself:
8. How can we help you?