

# ISP Teaching Knowledge & Experience

Instructions: Take notes as the Mentor or Navigator reviews the Individual's specific needs with you.

Individual's Name \_\_\_\_\_

Today's Date \_\_\_\_\_

TOPIC	WHAT I COULD SEE	WHAT I SHOULD DO
Primary Diagnosis		
Other Diagnoses		
Seizures		
Behavior		
Medication side effects		
Diet and Nutrition		
Swallowing difficulties		
Emotional & physical crises		
Significant health concerns		

<b>TOPIC</b>	<b>WHAT I COULD SEE</b>	<b>WHAT I SHOULD DO</b>
Allergies		
Other		

**WHAT ARE THE INDIVIDUAL'S GOALS?**

**WHAT IS THE INDIVIDUAL'S LEGAL STATUS?**