

ETIP Effective Date		ETIP Amended Date	
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SELF-ADVOCATE

Person's Name		Annual ISP Date	
Contact Email		Contact Phone	

CONTACT PERSON FACILITATING THE INTEGRATION PLAN MEETING

Person's Name and Credentials		Organization Affiliation	
Contact Email		Contact Phone	

# OF PAID DIRECT SUPPORT HOURS <u>BEFORE</u> TECHNOLOGY		# OF PAID DIRECT SUPPORT HOURS <u>AFTER</u> TECHNOLOGY		# OF HOURS OF ACTIVE REMOTE SUPPORT AND/OR VIRTUAL SUPPORT		# OF HOURS TECHNOLOGY USED AS A NATURAL SUPPORT WITHOUT DIRECT SUPPORT	
SUNDAY		SUNDAY		SUNDAY		SUNDAY	
MONDAY		MONDAY		MONDAY		MONDAY	
TUESDAY		TUESDAY		TUESDAY		TUESDAY	
WEDNESDAY		WEDNESDAY		WEDNESDAY		WEDNESDAY	
THURSDAY		THURSDAY		THURSDAY		THURSDAY	
FRIDAY		FRIDAY		FRIDAY		FRIDAY	
SATURDAY		SATURDAY		SATURDAY		SATURDAY	

TECHNOLOGY USE

(PLEASE ATTACH ANY APPLICABLE TECHNOLOGY ASSESSMENTS/SUMMARIES TO THIS DOCUMENT)

WE HAVE ATTACHED TECHNOLOGY ASSESSMENT(S)

When you use technology, you (select all that apply):

- can use it on my own from the start use it on my own after someone shows me
 need help from someone need help until I feel comfortable, then I'm ok
 really like technology and want to think about other ways I can use it at home/work/community

Do you use any accessibility features on any of your technology (phone, tablet, etc.):

- text to speech (reads text aloud) speech recognition and/or voice control
 dictation eye control/eye gaze
 screen magnifier zoom (enlarge area of screen)
 adapted display settings - text adapted display settings - contrast
 touch accommodations sensory alerts (flash, vibration, etc.)
 accessible keyboard or switch peripherals headphone accommodations
 live captions and/or Real Time Text (RTT) closed captions
 other:

Additional Feedback from Self-Advocate:

TECHNOLOGY SUMMARY

	Technologies I use now	Outcomes supported	Technologies I want to use	Outcomes supported
Home				
Employment				
Volunteering				
Recreation				
Social events				
Transportation				
Technology I wear				
Other:				

OUTCOMES OF ENABLING TECHNOLOGY INTEGRATION				
(AN ADDITIONAL BLANK FORM WITH THIS TABLE IS AT THE END OF THE PLAN)				
ISP/Support Plan Outcomes (What are the desired outcomes noted in the ISP or support plan)	Technologies integrated as natural supports (list all technologies being used for each outcome)	Method and location of documentation (where will notes, tech data be recorded)	Frequency of documentation	Frequency of documentation review and by what role
Example: COOKING SAFETY: Self-advocate will independently prepare their own meals 2x per day and turn the stove off when used for cooking	Wireless sensor system with stove sensor to detect if stove is left on and motion sensor to detect if person has left the kitchen. Smart speaker to assist with recipes and reminders for stove.	Reporting feature on customer website for wireless sensor system; documentation added to electronic record software.	Any alerts notifying that stove was left on will be documented within 12 hours.	Supervisor will review data reporting monthly.

VIRTUAL AND/OR REMOTE SUPPORT PLAN OVERVIEW

Consent and Human Rights:

Are cameras being included?

Date informed consent received:

Date of HRC review and approval:

Go Live Date:

Type of Support (select all that apply):

- Virtual – contracted provider via screentime Virtual – within the provider organization via screentime
- Remote – direct support staff through provider organization Remote – natural supports determined by the self-advocate/circle of support

	VIRTUAL SUPPORT PROVIDER	REMOTE SUPPORT PROVIDER
Name of vendor or organization		
Primary contact person		
Phone number		
Email		

Times of day/days of week the supports are provided:

	SUN	MON	TUES	WED	THURS	FRI	SAT
Remote Support							
Virtual Support							

RULES FOR ALERTING AND NOTIFYING SUPPORT RESPONDERS (AN ADDITIONAL BLANK FORM WITH THIS TABLE IS AT THE END OF THE PLAN) This section lists the rules affiliated with any technologies that alert or notify virtual, remote, direct, and/or natural supports			
Notification Rules	Type of alert and person alerted (screentime, smart speaker, phone call, text, email, customized prompt)	Mandatory provided support (in person, phone call, screentime, other)	Response time to this alert and if there is a secondary responder needed
Example: system alerts self-advocate after 20 minutes of no movement in kitchen and the stove is on; if no response then contact DSP then DSP supervisor	Customized prompt to self-advocate; if no response then text alert to DSP; if no response then text alert to supervisor	DSP or supervisor makes a phone call to self-advocate first then checks face-to-face if no answer by phone.	The DSP or supervisor must respond by phone immediately and arrive at home within 15 minutes of alert if going to the home is necessary.

DIRECT SUPPORT BACKUP RESPONSE PLAN OVERVIEW

	NAME and ROLE AFFILIATION (provider org, vendor, etc.)	TYPE OF CONTACT (phone, email, in person, documentation)	CONTACT INFORMATION (phone number or email address must be included, if applicable)	RESPONSE TIME, if applicable (# of minutes, hours, days)
Provides immediate onsite response				
Supervises/confirms immediate onsite response				
Assesses concerns with technology				
Contacts organization IT support or tech vendor for tech support				
Confirms that technology is back online and working				
Documents the event requiring direct support backup				
Reviews documentation of event and mitigates future risk				

ETIP SIGNATURES	
Self-Advocate Signature – I participated in the person-centered planning process for this plan. I agree with this plan as written.	
Signature	Date
Legal Representative / Conservator’s Signature (if applicable) – I participated in developing this plan and/or I agree to implementing the plan as written.	
Signature	Date
Relationship to the Person Supported:	

CIRCLE OF SUPPORT MEMBERS PARTICIPATING IN OR CONTRIBUTING TO THE DEVELOPMENT OF THIS ETIP.			
Print Name	Affiliation/Role	Signature	Date

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Print Name	Affiliation/Role	Signature	Date

APPENDIX: EXTRA BLANK FORMS

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