

(Insert PT Provider Agency Name)  
Written Direct Support Instruction  
(Insert topic of WDSI. This should be a single topic)

Individual: Case Manager:  
DOB: Agency:  
SS#: Therapist:  
Address:  
Phone:

**Date Developed:**

**Date Reviewed:**

**Date Revised:**

**When should this training plan be used?**

(Provide Direct Support Personnel with guidance regarding when to use this activity. For example: Use this transfer plan whenever you help John get into or out of his wheelchair)

**What to do**

1. (Provide simple step-by-step instructions about how to carry out the activity)
2. (Include photos of the activity whenever possible)

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Therapist's signature with credentials

Date

Therapist's Name  
Contact Information  
Individual's Name

Therapy Agency