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**Person-Centered Planning Documentation Worksheet**

**Purpose**

**This CARF Accreditation tool ensures compliance with person-centered planning standards, helping organizations align their documentation with the individualized goals, strengths, and needs of the person served.**

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| --- | --- | --- |
| **Criteria** | **Compliant (Yes/No)** | **Comments / Findings** |
| **Identification of the needs/desires of the person served through goals:** |  |  |
| Goals are expressed in the words of the person served. | [ ] Yes [ ] No |  |
| Goals are understandable to the person served. | [ ] Yes [ ] No |  |
| Goals reflect the informed choice of the person served or parent/guardian. | [ ] Yes [ ] No |  |
| **Service or treatment objectives:** |  |  |
| Objectives reflect the expectations of the person served. | [ ] Yes [ ] No |  |
| Objectives reflect the expectations of the service/treatment team. | [ ] Yes [ ] No |  |
| Objectives are age-appropriate. | [ ] Yes [ ] No |  |
| Objectives reflect the development level of the person served. | [ ] Yes [ ] No |  |
| Objectives consider culture and ethnicity. | [ ] Yes [ ] No |  |
| Objectives are responsive to disabilities/disorders or concerns. | [ ] Yes [ ] No |  |
| Objectives are understandable to the person served. | [ ] Yes [ ] No |  |
| Objectives are measurable and achievable. | [ ] Yes [ ] No |  |
| Objectives are time-specific and appropriate to the treatment setting. | [ ] Yes [ ] No |  |
| **Services to be provided include:** |  |  |
| Specific interventions are clearly documented. | [ ] Yes [ ] No |  |
| The modality of service is identified. | [ ] Yes [ ] No |  |
| Frequency of service is specified. | [ ] Yes [ ] No |  |
| **Additional Information (if applicable):** |  |  |
| Needs beyond the scope of the program are identified. | [ ] Yes [ ] No |  |
| Referrals for additional services are documented. | [ ] Yes [ ] No |  |
| Transition to other community services is outlined. | [ ] Yes [ ] No |  |
| Available community-based service options for long-term support are listed. | [ ] Yes [ ] No |  |
| Aftercare options are available and documented. | [ ] Yes [ ] No |  |
| **Legal Requirements and Fees (if applicable):** |  |  |
| Any relevant legal requirements are identified. | [ ] Yes [ ] No |  |
| Legally imposed fees are listed. | [ ] Yes [ ] No |  |
| **Documentation Provided to Person Served (if applicable):** |  |  |
| Plan is shared with the person served. | [ ] Yes [ ] No |  |
| Plan is shared in a manner understandable to the person served. | [ ] Yes [ ] No |  |

This worksheet ensures compliance with **CARF standards** and provides an easy-to-use structure for reviewing the completeness of person-centered planning documentation. You can customize this tool further by adding any organization-specific fields or notes.