

Integration Planning Worksheet	History	Level of functioning: Cognitive, Emotional, Physical, Social, Spiritual	Level of Daily Living Skills?	Personality Style?	Other: i.e. mental health diagnosis
<p>What client/agencies/stakeholders/staff/family/other are involved?</p>	<p>Abuse? Physical/ Sexual/ Emotional ?</p>	<p>Cognitive: Does the client tell time? Is client functionally literate? Is the client numerate? Can the client add and subtract? Does the client cooperate in groups/at home Can the client delay gratification? Can client imagine the future or concrete Does the client demonstrate empathy? Emotional: How does the client handle anger, fear, anxiety, sadness?, jealousy? Does your client seek support? How explosive is your client? Does your client have</p>	<p>Cooking Cleaning Bedmaking Personal hygiene Community Access Can take bus Can read traffic signs Can read community signs Knows how to bank Grocery Shopping Understands daily schedule Can access work options</p>	<p>Introverted vs. Extroverted? Is your client conflict orientated? Is your client dependent?</p>	<p>Does the client suffer from a major mental disorder? Schizophrenia/ Bipolar Depression Borderline Antisocial</p>

		<p>good self control?</p> <p>Social: Does your client cooperate in groups? Does your client have empathy? Is your client egocentric?</p> <p>Physical: Is your client coordinated?</p> <p>What physical considerations does your client need in their environment?</p> <p>What level of Physical activity does your client like?</p> <p>Where are those activities located?</p>			
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