

PDD Parent Preparation Workbook

Complete This Before Your First PDD Worker Meeting

A step-by-step workbook for adults with developmental disabilities and their families in Alberta
Parent Partnership Project | April 2026

Complete this workbook BEFORE your first meeting with your PDD worker.

The more prepared you are, the more your Outcome Plan will truly reflect what matters to the individual.

Individual's Name:	
Date of Birth:	
Parent / Guardian Name:	
Date Completed:	

How to Use This Workbook

Read this page before you begin

Due to high demand and PDD worker waitlists, the Parent Partnership Project has created this workbook so that families and individuals can prepare as much as possible before meeting with a PDD worker. The more complete your answers, the faster your Outcome Plan can be built and activated.

Important Note: *This workbook is designed to prepare you for PDD. Completing it does **NOT** start your PDD services — it prepares you so your first worker meeting can move as quickly and efficiently as possible.*

What You Will Do in This Workbook

- Step 1 — Section A: Individual Information — document the individual's details and draft your identified outcomes
- Step 2 — Section B: Planning Support — identify who is supporting the individual with their planning
- Step 3 — Section C: Natural Supports and Generic Services — identify what is already in place
- Step 4 — Section D: Complex Service Needs — understand whether this section applies
- Step 5 — Section E: PDD Funded Services — match outcomes to service types
- Step 6 — Sections F & G: Monitoring Plan and Summary — know what to expect and prepare your summary
- Step 7 — Section H and Next Steps: Individual Support Plan, rights, and forms checklist

What to Bring to Your First Meeting

- This completed workbook
- Medical or psychological documentation confirming the individual's developmental disability
- Names and contact details for all health and support professionals involved in their care
- A list of current medications and their purposes
- Recent assessments (psychological, speech-language, OT, PT, behavioural, etc.)
- FSCD Transition to Adulthood Plan (TAP) if one was completed
- Any guardianship or trusteeship documentation if applicable
- Information about other government programs currently received (AISH, AADL, FSCD, etc.)

You cannot access any PDD services until your Outcome Plan has been completed and services have been activated. Services cannot start before this process is complete — **no exceptions**.

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Section A: Individual Information*This feeds directly into Section A of the PDD Outcome Plan***What this section is for:**

Section A of the Outcome Plan records the individual's basic information and — most importantly — their Identified Outcome(s). These are the goals that will drive everything in the plan. Think of outcomes as statements about what the individual's life will look like, not just what services they will receive.

A good outcome sounds like: "[Name] will live in their own apartment in the community with support." or "[Name] will have a part-time job in food service."

Not like: "We want home living services." (That is a service request, not an outcome.)

Individual Information

This information will be entered directly into Section A of the Outcome Plan.

Last Name	
First Name	
Date of Birth (yyyy-mm-dd)	
PDD ID # (if known)	

Identified Outcome(s)

Use the TAP domains and the questions below to help draft the individual's outcomes before your meeting. Your PDD worker will finalize these with you.

To identify outcomes, think about these TAP planning areas:

- Home Living — Where does the individual want to live? What support do they need at home?
- Community Access — How will they get around and participate in their community?
- Employment — Do they want paid work, volunteer work, or a meaningful day program?
- Decision Making — Who supports them in making decisions? Is guardianship in place?
- Social Connections — Who are the important people in their life? What relationships do they want to build or maintain?

Draft your Identified Outcome(s) here — these will be discussed and confirmed with your PDD worker:

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Section B: Planning Support*Who is supporting the individual with their planning?***What this section is for:**

Section B records the people who support the individual in their planning — such as a parent, guardian, supporter, or co-decision maker. There can be up to two listed.

Type refers to the person's role — for example: Parent, Legal Guardian, Co-Decision Maker, Supporter, Trustee, Personal Directive Agent, or Friend/Advocate.

Is someone supporting the Individual with their planning?

Is someone supporting the Individual with their planning?	☐ Yes	☐ No
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Supporter 1

Type (e.g. Parent, Guardian, Co-Decision Maker)	
Name	
Contact Information / Address	
Phone Number	
Email	

Supporter 2 (if applicable)

Type (e.g. Parent, Guardian, Co-Decision Maker)	
Name	
Contact Information / Address	
Phone Number	
Email	

Guardian (if applicable)

Type (e.g. Full Guardian, Co-Decision Maker)	
Name	
Contact Information / Address	
Phone Number	
Email	

Trustee (if applicable)

Type (e.g. AISH Trustee, IS Trustee, Private Trustee)	
Name	
Contact Information / Address	
Phone Number	
Email	

Alternate Contact (if applicable)

Type (e.g. Emergency Contact, Backup Caregiver)	
Name	
Contact Information / Address	
Phone Number	
Email	

Guardianship and Decision Making:

If the individual does not have a legal guardian or co-decision maker and there are concerns about decision-making, contact the OPGT before or shortly after your first PDD meeting. 1-877-427-4525 | alberta.ca/opgt-supports

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Section C: Natural Supports and Generic Services*What is already in the individual's life?***What this section is for:**

Before PDD-funded services are planned, your worker will document what natural and generic supports are already in place. PDD is designed to supplement — not replace — what is already working.

Natural Supports: Unpaid support from family members, friends, co-workers, neighbours, and acquaintances.

Generic Services: Mainstream community services available to everyone — grocery delivery, a local gym, public transit, a community recreation program, a faith community, etc.

Natural Supports

Does the individual access natural supports in relation to their identified outcomes?	☐ Yes	☐ No
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Generic Services

Does the individual access generic services in relation to their identified outcomes?	☐ Yes	☐ No
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List of Natural Supports and Generic Services

List every natural support and generic service already in place. Be thorough — the more complete this is, the better your PDD worker can plan around existing supports.

Natural Support / Generic Service	Person Providing Support / Service	Description	Timeframe / Frequency

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Section D: Complex Service Needs*Does this section apply to the individual?***What this section is for:**

Section D is completed only if the individual has complex service needs. Your PDD worker will make this determination with you. Read the definition below carefully and note whether any of the listed criteria may apply.

Adults with complex service needs are Individuals who are eligible for PDD services AND pose a significant risk to themselves, others, or property, AND require intensive services, AND have or have had a history of one or more of the following:

A mental health disorder; termination from services due to challenging behaviours; specialized treatment for psychiatric and/or behavioural issues; multi-system involvement; incarceration(s) or criminal justice involvement; or chronic substance abuse/dependency problems.

Does the Individual have Complex Service Needs?

Does the Individual have Complex Service Needs?	☐ Yes	☐ No
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Review the Criteria — Check All That Apply

If you believe the individual may meet the definition above, check the criteria that apply. Your PDD worker will use this to determine whether Section D needs to be completed.

☐ A mental health disorder	☐ Multi-system involvement
☐ Termination from services due to challenging behaviours	☐ Incarceration(s) or criminal justice involvement
☐ Specialized treatment for psychiatric and/or behavioural issues	☐ Chronic substance abuse/dependency problems

If Complex Service Needs Apply — Required Services

If Section D applies, your PDD worker will document the required services below. Review these checkboxes so you understand what may be arranged.

Required Service	Person Responsible for Follow-up	Comments	Date Implemented / Completed By
☐ Behavioural Supports			
☐ Risk Analysis / Risk Management			
☐ Specialized Staff Training Requirements			

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Section E: PDD Funded Services*Match your identified outcomes to service types***What this section is for:**

Section E is the heart of the Outcome Plan. For each Identified Outcome, your PDD worker will document the service type, when it is needed, which Quality of Life Domain it relates to, and how services will be delivered.

Quality of Life Domains used in the Outcome Plan:

- Emotional Well-Being — mental health, happiness, freedom from stress, spirituality
- Material Well-Being — income, employment, housing, possessions, finances
- Physical Well-Being — health, fitness, nutrition, safety, access to healthcare
- Personal Development — education, skills, learning, personal growth
- Self-Determination — choices, goals, autonomy, personal control
- Social Inclusion — community participation, belonging, integration
- Interpersonal Relations — relationships, friendships, family connections
- Rights — dignity, privacy, legal protections, equal treatment

PDD Service Types — Review Before Your Meeting

Review the available service types below so you can discuss which may apply to each of the individual's outcomes.

Service Type	What It Includes
Home Living Supports	Assistance with daily activities at home — cooking, cleaning, laundry, banking, personal care, medication management — to help the individual live as independently as possible.
Respite Services	Planned, temporary relief for caregivers when the individual lives with them full-time. Can be in-home or out-of-home.
Community Access Supports	Help to participate in community activities — recreation, social connection, learning, and fun. A support worker accompanies or assists.
Employment Supports	Help to find and keep a paid job — job coaching, skills training, and working with employers to set up appropriate placements.

How Services Are Delivered — Two Models

These are not additional service types — they describe how your chosen services will be delivered. You choose one or both.

Delivery Model	What It Means
Family Managed Services (FMS)	You hire and manage your own support workers directly. A designated FMS Administrator handles hiring, scheduling, and submitting claims. You are not paid for this role.
Agency-Managed Services	A PDD-approved agency hires and manages support workers on your behalf. Best when families prefer not to manage staffing directly.

Prepare Section E — Match Your Outcomes to Services

For each outcome you drafted in Step 1 (Section A), think through which service type would help achieve it, when the service would be needed, and how it would be delivered.

Identified Outcome	Service Type	When?	Quality of Life Domain	How Will Services Be Provided?
			☐ Emotional Well-Being ☐ Material Well-Being ☐ Physical Well-Being ☐ Personal Development ☐ Self-Determination ☐ Social Inclusion ☐ Interpersonal Relations ☐ Rights	
			☐ Emotional Well-Being ☐ Material Well-Being ☐ Physical Well-Being ☐ Personal Development ☐ Self-Determination ☐ Social Inclusion ☐ Interpersonal Relations ☐ Rights	
			☐ Emotional Well-Being ☐ Material Well-Being ☐ Physical Well-Being ☐ Personal Development ☐ Self-Determination ☐ Social Inclusion ☐ Interpersonal Relations ☐ Rights	
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			☐ Emotional Well-Being ☐ Material Well-Being ☐ Physical Well-Being ☐ Personal Development ☐ Self-Determination ☐ Social Inclusion ☐ Interpersonal Relations ☐ Rights	

TAP Domains and PDD Service Connections:

Use the TAP planning areas to guide which service types may be relevant:

- Home Living (TAP) → Home Living Supports, Respite Services (PDD)
- Community Access & Mobility (TAP) → Community Access Supports (PDD)
- Employment / Education (TAP) → Employment Supports (PDD)
- Decision Making (TAP) → discuss with OPGT / co-decision maker arrangements

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Sections F & G: Monitoring Plan and Summary*What to expect after your Outcome Plan is completed***What Section F is for:**

Section F is not something you fill in — it describes the monitoring schedule that applies to all PDD individuals. Your PDD worker will complete this. The schedule is:

- Minimum one annual face-to-face meeting between the worker, the individual, and their guardian
- Follow-up contact every 3 months (face-to-face, phone, or email) from your PDD worker
- Written update from the service provider or FMS Administrator every 3 months

Section F: Monitoring Plan — What to Expect

Your PDD worker will stay in contact throughout the year. It is important to contact your worker if anything changes significantly — your services can be adjusted at any time. Make note of your worker's contact information here.

PDD Worker Name	
Phone Number	
Email	
Date of First Scheduled Follow-up	

Section G: Summary of Individual's Information — Prepare Your Narrative**What Section G is for:**

Section G is a narrative summary written by the PDD worker that captures the key information about the individual — their background, their strengths, their support needs, their living situation, and their goals. Your worker writes this, but you can help by preparing a clear picture of the individual before the meeting.

The individual's background — key history, living situation, and current supports:

The individual's strengths — what they are good at, what they enjoy, what motivates them:

The individual's key support needs — what they cannot do without assistance:

Anything else the PDD worker should know about this person:

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Section H and Next Steps*Individual Support Plan, your rights, and your forms checklist***What Section H is for:**

Section H records whether the Individual Support Plan (ISP) has been received. The ISP is a more detailed plan created by your service provider or FMS Administrator within 90 days of services starting. It builds on the Outcome Plan and describes exactly how services will be delivered.

You do not need to have the ISP ready at your first meeting. Your Outcome Plan comes first — the ISP follows within 90 days.

Section H: Individual Support Plan — Timeline

Milestone	Timeline	Notes
Outcome Plan completed with PDD worker	At first planning meeting	This workbook prepares you for this meeting
Services set up (agency or FMS agreement)	Within weeks of Outcome Plan	Your worker helps you choose
Individual Support Plan (ISP) completed	Within 90 days of services starting	Led by your service provider or FMS Administrator
First monitoring follow-up contact	Within 3 months	By phone, email, or in person
Annual face-to-face review	Within 12 months	With your PDD worker

If You Disagree with a PDD Decision

Option	What It Means
Talk to Your PDD Worker	Always the first step. Ask for clarification, provide additional information, or discuss alternatives.
Dispute Resolution	PDD offers three options: Review (senior staff), Mediation (neutral third party), or Facilitated Discussion. Your worker will explain these options and timelines.
Formal Appeal	File a formal appeal with the Appeals Secretariat. The date on the written decision letter starts your timeline (generally 30 days).
Judicial Review	If not satisfied with the appeal outcome, you may apply for a judicial review through the Court of King's Bench within 6 months.

Forms Checklist

Use this checklist to confirm everything is in order before your first meeting.

Form / Document	When	Status
This workbook (completed)	Bring to first PDD worker meeting	☐ Done / In progress
Medical / psychological documentation confirming developmental disability	Bring to first meeting	☐ Have it / Need it
Names & contacts for all health and support professionals	Recorded in Step 1	☐ Done / In progress
List of current medications	Recorded in Step 1	☐ Done / In progress
Natural supports and generic services list	Recorded in Step 3	☐ Done / In progress
FSCD Transition to Adulthood Plan (TAP)	Bring a copy — if applicable	☐ Have it / N/A
Guardianship / co-decision making documentation	Bring original or copy — if applicable	☐ Have it / N/A
AISH application confirmation	Note status — if applicable	☐ Applied / N/A
OPGT consultation	If decision-making support is needed	☐ Done / N/A
Notice of Appeal / Request for Mediation	Only if disputing a decision	☐ If needed

You Are Ready When:

- ☐ Every section of this workbook is filled in as completely as possible
- ☐ You have gathered medical/diagnostic documentation
- ☐ You have listed all natural supports and generic services (Step 3)
- ☐ You have drafted your identified outcomes (Step 1)
- ☐ You have reviewed the service types (Step 5) and know what to ask about
- ☐ If transitioning from FSCD, you have your TAP documents ready