

# Success Story Submission

Date: \_\_\_\_\_

Your First Name: \_\_\_\_\_

Your Last Name: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Who or what was the subject of the story? (*i.e. person \*First Names Only\*, department, organization*)

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Describe the situation: (*i.e. what was happening before, challenge faced, obstacles*)

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What was the outcome? (*i.e. results, changes, successes*)

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Check mark any of the Person Centered Thinking tools and/or skills below that were used to make the change:

- |   |   |
|---|---|
| <input type="checkbox"/> Important To/Important For | <input type="checkbox"/> Learning Log                         |
| <input type="checkbox"/> 2-Minute Drill             | <input type="checkbox"/> 4+1                                  |
| <input type="checkbox"/> What's Working/Not Working | <input type="checkbox"/> Like and Admire                      |
| <input type="checkbox"/> Donut Sort                 | <input type="checkbox"/> Positive Reputations                 |
| <input type="checkbox"/> Good Day/Bad Day           | <input type="checkbox"/> Life Trajectory Worksheet            |
| <input type="checkbox"/> Rituals and Routines       | <input type="checkbox"/> Integrated Services and Support Star |
| <input type="checkbox"/> Communication Chart        | <input type="checkbox"/> One-Page Profile                     |
| <input type="checkbox"/> Relationship Map           | <input type="checkbox"/> Not applicable                       |
| <input type="checkbox"/> Matching                   | <input type="checkbox"/> Other: _____                         |

Return completed form to Samantha Whittington's box located in Program Services Department.

