

Threshold of Work

Ally Action Plan

**Name:**

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| **I have a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_“Heart”**  **This is how I will use my “Heart” at work:** |
| **Wearing my Green Hat at work:**  **You will “SEE”**  **You will “HEAR”** |
| **This is how I will use the 5 “Must Haves”**  **Time:**  **Space:**  **Positive Tone & Words;**  **Empathy: Living in Their Shoes**  **Respectful Relationship** |
| **My To Avoid or My Never**  **My To Do’s or Always** |

Using My Head to Toe Tools

Name:

**My head to toe self-assessment related to enhancing the lives of people receiving & providing services in the Developmental Disabilities Profession.**

**Thoughts**:

**Eyes**:

**Ears**:

**Words**:

**Heart**:

**Hands**:

**Time**:

**Feet**: