# Appendix B: Working Smarter Tool

## Other Work Group Self-Assessment

**Part 1. Instructions:** Think about the meetings, workgroups, and committees that are already meeting with the services provided. Use this section to write down the details and decide whether this group could include agenda items related to person-centered and positive support practices. Copy and paste additional groups if more sections on this form are needed.

Group name:

*[Type the group name]*

Group purpose:

*[Type the group’s purpose]*

Expected outcome or goals of the group:

*[Type the expected outcome or goals of the group]*

Group members:

* *[List the group members]*

Purpose is related to the organization’s person-centered and positive supports

Use the rating scale below to assess the degree to which this group addresses this topic:

1= Not related to person-centered and positive support practices

2= Somewhat related to person-centered and positive support practices

3= Strongly related to person-centered and positive support practices

Is this group a good fit to include in action planning related to person-centered and positive support practices?

*[Type 1 (not a fit), 2 (could fit with modification), or 3 (good fit) to rate if this group is a good fit to include in action planning]*

Schedule of meetings (how often and when do they meet):

*[Type how often and when this group meets]*