My one-page profile

Fill this in with the person, in their own words where you can. Mark each line with who said it: P = the person, F = family or friend, T = team. The person decides who sees this page. (The example uses R for Rosa and L for her sister.)

Name I like to be called	
Written with (names, and how they know me)	
Date written, and review by	
Who may see this page	

1. What people like and admire about me

My strengths, what I am proud of, what people thank me for. In my words first, then others' words.

2. What is important to me

The people, places, routines and things that matter to me. My week. What I would miss.

3. How best to support me

How I communicate, what a good day and a hard day look like, what helps, what does not, and what to do in a first week with me.

How to write it with the person

Six steps. The person is the author and the expert on their own life; you are helping them write it down.

	What to do	Where it comes from
1	**Ask first, and say what it is for.** Explain that the profile is the person's, who will read it and why. The person decides whether to write one and who sees it. A person may start, stop or change their mind at any point (our practice). The NADSP Code of Ethics asks DSPs to ask people how, when and with whom they want their information shared.	NADSP Code of Ethics
2	**Choose the time and place with the person.** Pick a time and a place the person likes, use plain language, and offer pictures, a recording or a communication partner if they help. For Medicaid HCBS waiver services, the federal rule asks that the person-centered planning process be timely, at times and locations of convenience to the person, and in plain language.	42 CFR 441.301
3	**Invite the people the person chooses.** Ask who knows them best: family, friends, a housemate, a long-time DSP, a job coach. For HCBS waiver services, the rule says the process includes people chosen by the individual. NCAPPS's instructions for its health care profile add that if a person needs help to complete one, the trusted person who helps should know them well.	42 CFR 441.301; NCAPPS, Instructions for Developing a Health Care Person-Centered Profile
4	**Start with the person's own words.** Ask the questions in the template and write down exactly what the person says, including words you would not choose. Where a person does not use speech, write what the people who know them well have seen them do and what they think it means, and mark it as theirs, not as the person's own words (our practice).	North Carolina DMH/DD/SAS Person-Centered Planning Instruction Manual (2010 version); Helen Sanderson Associates, One-Page Profiles: Getting Started
5	**Write short, plain lines, then read it back.** NCAPPS suggests short, plain language statements that focus on what is most important. Read the draft aloud or show it to the person, ask "Is that you?", and change what they want changed. Add a photo or drawing only if they choose to.	NCAPPS, Instructions for Developing a Health Care Person-Centered Profile
6	**Mark who said it, date it and decide where it lives.** Add the initials of who said each line (the person, someone close to them, or the team), the date, who helped, and a review date. Agree with the person who may see it, and keep it where staff will read it before they work with the person. The initials, dates and review date are our practice.	NADSP Code of Ethics

Questions to ask, section by section

Ours. Ask in your own words, one at a time, and let the person skip any.

What people like and admire about me

Helen Sanderson Associates, One-Page Profiles: Getting Started; North Carolina DMH/DD/SAS Person-Centered Planning Instruction Manual (2010 version)

- ☐ What do people thank you for?
- ☐ What would your sister, your neighbor or your best friend say they like about you?
- ☐ What are you good at? What are you proud of?
- ☐ What is the nicest thing someone has said about you?

What is important to me

Helen Sanderson Associates, One-Page Profiles: Getting Started; North Carolina DMH/DD/SAS Person-Centered Planning Instruction Manual (2010 version)

- ☐ Who matters most to you, and when do you see them or call them?
- ☐ What would a great day look like, from morning to night?
- ☐ What do you always do in a week and miss when you cannot?
- ☐ What do you never leave home without?

How best to support me

Helen Sanderson Associates, One-Page Profiles: Getting Started; North Carolina DMH/DD/SAS Person-Centered Planning Instruction Manual (2010 version); NCAPPS, Instructions for Developing a Health Care Person-Centered Profile

- ☐ How do you tell people yes, no, or "not sure"?
- ☐ What helps you most in the morning, on a busy day, or when something is hard?
- ☐ What should a new person do in their first week with you?
- ☐ What do people do that you would like them to stop?

A finished profile: Rosa M. (an invented person)

Made up for teaching. Any resemblance to a real person is by chance. R = Rosa's own words · L = her sister Lena · T = her support team.

Name I like to be called	Rosa
Written with	Rosa; her sister Lena; Jo, a housemate; Dev, a DSP who has known her for three years
Who may see this page	Rosa; Lena; the team at her home
Date written / review by	March 3, 2027 / the next plan meeting, or sooner if anything changes

What people like and admire about me	**Said by**
I make people laugh at the breakfast table. I know all the words to old country songs.	**R**
Rosa never forgets a birthday in the house, and she makes the card by hand.	**L**
She is brave about new bus routes and learns them fast. She has shown three people how to use the library self-checkout.	**T**

What is important to me	**Said by**
My sister Lena calls on Sunday at 4. Please do not plan an outing that makes me miss it.	**R**
Saturday morning is the community garden. I wear my green gloves.	**R**
Coffee with two sugars first. Say good morning, then we talk about the day.	**R**
My room is mine. Knock and wait for me to say come in.	**R**

How best to support me	**Said by**
When I go quiet, ask "Do you want company or space?" and wait. Both answers are fine.	**R**
Show me the day on my picture schedule and let me choose between two breakfasts.	**R**
At the store I count my own change. Stand beside me, not in front of me.	**R**
Rosa finds being rushed at the door hard. Tell her ten minutes before we leave.	**T**
Please do not talk about me with others as if I am not there.	**R**
Rosa's health information is in her plan, not on this page. Ask your supervisor before you help with anything about her health.	**T**

What makes it work

Rosa's own words come first The first line is in Rosa's voice. Lines from Lena and the team are marked so no one mistakes them for Rosa's.

Each line can be acted on Sunday at 4, green gloves, "knock and wait": a new DSP can do each one on the first shift.

A strength before a support The page opens with what people admire, not with what staff need to manage.

It points elsewhere for health Health information stays in the plan and the health record, and the page says where to ask.

Good lines and weak lines

Fictional people only. A weak line is a label, too general to act on, or about what staff find hard. A stronger line is in the person's voice and can be acted on tomorrow.

Section	Weak	Stronger
Like and admire	*"Friendly and sometimes non-compliant."* A label, and a judgment about staff's wants.	I say good morning to every neighbor by name and ask about their dogs. (Theo)
Like and admire	*"Good boy, easy to work with."* Talks about an adult as a child, and about how easy he is for staff.	Anil is a careful cook. His friends ask him to make the rice on Sundays. (his housemate, Sam)
Important to me	*"Likes music."* Too general to act on.	I put on Dolly Parton on the kitchen speaker to start my day. Please ask before you change the song. (Imani)
Important to me	*"Prefers routine."* Says nothing a new DSP can do.	I eat dinner at 6 with the news on. If it will be late, tell me before 5 so I can plan. (Theo)
How best to support me	*"Becomes agitated and needs redirection."* Describes the person by what staff see at their worst, and tells the reader nothing to do.	When I start pacing, I need a quieter room and fewer words. Say "I am here" once, then wait. I will tell you when I want to talk. (Imani, with her support team)
How best to support me	*"Needs prompting for all daily tasks."* A deficit statement, and a support-plan matter rather than a profile line.	I like to pick my own clothes the night before. Lay out two choices if I ask you to. (Anil)

Four questions to check each line

☐ Would the person be glad to hear it read aloud?

☐ Could a new DSP act on it tomorrow?

☐ Is it true of this person and not of everyone?

☐ Does it say who said it?

Using the profile

In onboarding, before the first shift

☐ The new DSP reads the profile before working with the person, and signs and dates that they have.

☐ The supervisor asks two questions: "What did you learn about this person?" and "What will you do differently on your first shift because of it?"

☐ On the first shift, the DSP introduces themselves, then asks the person if there is anything they would like them to know or do to start well. Some people want to show or tell you themselves.

☐ After the first week, the DSP tells the supervisor one thing the profile did not say that they have learned. With the person's yes, it is added.

At shift change

☐ Read the top of the profile before you walk in, especially after time away.

☐ In the handoff, name anything that was different today for the person, using the page's words: "Rosa went quiet at noon; we offered company or space."

☐ Do not edit the profile in the middle of a shift. Write a note to bring to the person and the team, and change the page with them.

When updating the person-centered plan

☐ For Medicaid HCBS waiver services, the federal rule asks that the service plan be reviewed, and revised as appropriate, at least every 12 months, when the person's circumstances or needs change significantly, or at the person's request. Bring the profile to the meeting so the person's words are in the room, and update it with the person afterwards.

☐ The profile does not replace the plan, and the plan stays the place for services, goals, risk and clinical supports. Your state's rules decide the plan's form and content.

Keeping it current: a short checklist

- ☐ The person has read or heard it in the last 6 months, and said what to change.
- ☐ Every line is still true. Lines that are out of date are removed, not left in.
- ☐ Anything staff learned is added only with the person's yes, and marked with who said it.
- ☐ It still fits on one page and a new DSP can read it in about two minutes.
- ☐ It was brought to the last plan review, and is updated after the next one and after any big change.
- ☐ The newest copy is where staff look, and old copies are taken out.
- ☐ Each new DSP has signed and dated that they read it before a first shift.
- ☐ The person decides who may see it, and your confidentiality policy is followed.

Where each part comes from

Read November 16, 2026. The template, the prompts, the example profile, the example lines and the checklist are Special Learning's; the quoted lines are as published. None of these organizations has reviewed or endorsed this template. The one-page profile comes from person-centered thinking, developed by Helen Sanderson and colleagues.

Helen Sanderson Associates, One-Page Profiles: Getting Started. Helen Sanderson Associates, "One-Page Profiles: Getting Started," a free guide to what a one-page profile is and the questions that help people write one. https://www.helensandersonassociates.com/wp-content/uploads/2023/08/OPP-Getting-Started.pdf

One-page profiles: 100 profiles and their stories (Helen Sanderson Associates). Helen Sanderson Associates, "One-page profiles | 100 one-page profiles and their stories," including Helen Sanderson's note on why the profiles are shared and a young man's account of his own. https://onepageprofiles.wordpress.com/

North Carolina DMH/DD/SAS Person-Centered Planning Instruction Manual (2010 version). North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services, Person-Centered Planning Instruction Manual (2010 version), the section on building a "One Page Profile". https://www.ncdhhs.gov/media/83/open

NCAPPS, Instructions for Developing a Health Care Person-Centered Profile. National Center on Advancing Person-Centered Practices and Systems (NCAPPS, ACL), "Instructions for Developing a Health Care Person-Centered Profile," a three-section profile for health care settings. https://ncapps.acl.gov/docs/COVID-19/Resources/Instructions%20for%20Health%20Care%20PC%20Profile.pdf

NCAPPS, Five Competency Domains for Person-Centered Planning. National Center on Advancing Person-Centered Practices and Systems (NCAPPS, ACL), Five Competency Domains for Person-Centered Planning, Appendix B on tools such as the One-Page Description. https://ncapps.acl.gov/docs/Resources/V2%20NCAPPS%20Five%20Competency%20Domains%20for%20Person-Centered%20Planning%20(508).pdf

The Learning Community for Person Centered Practices (TLC-PCP). The Learning Community for Person Centered Practices, home page, which lists credentialed Person Centered Thinking trainers. https://tlcpcp.com/

42 CFR 441.301. Electronic Code of Federal Regulations, Title 42, section 441.301, contents of a request for a waiver: the person-centered planning process and service plan in (c)(1) to (3) and the home and community-based settings qualities in (c)(4); text current as of November 12, 2026. https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-441/subpart-G/section-441.301

NADSP Competency Areas. National Alliance for Direct Support Professionals (NADSP), The NADSP Competency Areas, 15 areas with skill statements, including Area 14, Provide Person Centered Supports, as published on nadsp.org. https://nadsp.org/resources/competency-areas/

NADSP Code of Ethics. National Alliance for Direct Support Professionals (NADSP), The NADSP Code of Ethics (revised 2026), tenets as published on nadsp.org. https://nadsp.org/resources/the-nadsp-code-of-ethics/

One next step

If your staff support autistic people, the Level 1 ABA Online Training Course for groups introduces autism and behavior-support foundations. $99 per learner · One-time purchase · Each learner has 12 weeks of access from the day they activate their code · Free 7-day trial of the first 2 sessions.

Related free tools: DSP training and HR toolkit · DSP onboarding checklist · DSP shift change report template · Crisis plan template · DSP supervision log template · NADSP Code of Ethics onboarding guide