Summary Sheet
Measuring Outcomes in Services and Supports (MOSS) tool:
To be used in conjunction with the MOSS administration manual

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SCOPE
FOR PEOPLE WITH A DISABILITY
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Disclaimer
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MEASURING OUTCOMES OF SERVICES AND SUPPORTS (MOSS) TOOL

To be used in conjunction with the MOSS administration manual

Client/Customer Name:  
ID Number:  

PRE-SERVICE GOAL-SETTING  
Date  

People present:

<table>
<thead>
<tr>
<th>Who is making the request?</th>
<th>Whose needs are we meeting/whose capacity are we building?</th>
</tr>
</thead>
<tbody>
<tr>
<td>person with a disability</td>
<td>person with a disability</td>
</tr>
<tr>
<td>paid support person</td>
<td>paid support person</td>
</tr>
<tr>
<td>unpaid support person</td>
<td>unpaid support person</td>
</tr>
<tr>
<td>community representative</td>
<td>community representative</td>
</tr>
</tbody>
</table>

What is the request?

- [ ] Does the PWD approve of this request? [ ] yes [ ] no [ ] n/a
- [ ] Are there any key issues (e.g., sensitivities) around this request? [ ] yes [ ] no [ ] n/a

If so specify

Goals

1.

2.

3.

Notes

Discipline(s) providing support:  
- [ ] PT  
- [ ] OT  
- [ ] SP  
- [ ] Psych  
- [ ] Other
PART 1: PRE-SERVICE RATING

Goal (Complete a separate pre-service rating form for each goal):

Who is answering these questions?
- [] person with a disability
- [] paid support person
- [] unpaid support person
- [] community representative

1. How well does it work for you now? or How well do you do it now? or How would you rate it now? (circle)

<table>
<thead>
<tr>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Good</td>
<td>A Little Good</td>
<td>Not Good or Bad</td>
<td>A Little Bad</td>
<td>Very Bad</td>
</tr>
</tbody>
</table>

2. How happy/satisfied are you with the way it works for you now? or How happy/satisfied are you with the way you do it now? (circle)

<table>
<thead>
<tr>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Satisfied/Happy</td>
<td>A Little Satisfied/Happy</td>
<td>Neither satisfied nor dissatisfied</td>
<td>A Little Dissatisfied/Unhappy</td>
<td>Very Dissatisfied/Unhappy</td>
</tr>
</tbody>
</table>

Rating tool used?  [] Scale A  [] Scale B  [] Scale C

Date
PART 2: POST-SERVICE RATING

Who is answering these questions?
☐ person with a disability
☐ paid support person
☐ unpaid support person
☐ community representative

Is this the same person who responded to Part 1? yes  no

1. How well does it work for you now? or
   How well do you do it now?, or
   How would you rate it now? (circle)

<table>
<thead>
<tr>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Good</td>
<td>A Little Good</td>
<td>Not Good or Bad</td>
<td>A Little Bad</td>
<td>Very Bad</td>
</tr>
</tbody>
</table>

2. How happy/satisfied are you with the way it works for you now? or
   How happy/satisfied are you with the way you do it now? (circle)

<table>
<thead>
<tr>
<th>5</th>
<th>4</th>
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</tr>
</tbody>
</table>
1. What changes happened in relation to achieving your goal?
   • What are you doing/thinking/feeling that you weren't before?
   • Have there been changes in the environment, resources, other people that relate to achieving your goal?
   • Have you achieved what you expected?

Comments from person with a disability:

Comments from others (please specify role, eg. paid support worker, family):

Practitioner comments (consider functional, participation and inclusion outcomes):

2. What worked for you? What helped you achieve your goal?
   • People, activities, equipment/aids/resources, finances, environment, policies, time. What else?
   • Which of these was the biggest help?

Comments from person with a disability:

Comments from others (please specify role, eg. paid support worker, family):

Practitioner comments:

3. What stopped you from achieving your goal? What made achieving your goal difficult?
   • People, activities, equipment/aids/resources, finances, environment, policies, time. What else?
   • Which of these was the biggest help?

Comments from person with a disability:

Comments from others (please specify role, eg. paid support worker, family):

Practitioner comments:
Scale A

- Good (Well)
- Not good or bad
- Bad (Poor)

Very good (Very well) OR A little good (A little well) OR A little bad (A little poor) OR Very bad (Very poor)