



Brighter Futures

Youth Individual Development Plan (IDP)

Youth Name: _____

DOB: _____ Today's Date: _____

Email: _____ Phone Number: _____

School: _____

Career Planner Name: _____

What barriers or challenges do you currently face?

Barriers/Challenges and Description		Staff Only	
<input type="checkbox"/> Personal		Referred to:	
<input type="checkbox"/> Educational		Referred to:	
<input type="checkbox"/> Occupational		Referred to:	
<input type="checkbox"/> Financial		Referred to:	
<input type="checkbox"/> Medical		Referred to:	
<input type="checkbox"/> Mental Health		Referred to:	
<input type="checkbox"/> Childcare		Referred to:	
<input type="checkbox"/> Transportation		Referred to:	
<input type="checkbox"/> Housing		Referred to:	
<input type="checkbox"/> Food/Nutrition		Referred to:	

What are your short term educational goals? _____

What are your long term educational goals? _____

What are your short term occupational/employment goals? _____

What are your long term occupational/employment goals? _____

What are your short term personal/social goals? _____

What are your long term personal/social goals? _____



Program Elements

Date opened: _____ Projected end date: _____

Check all the program elements that you would like to achieve.

Tutoring

Action steps/comments:

Postsecondary preparation & transition activities

Action steps/comments:

Work Experience

Action steps/comments:

Career Exploration, Awareness, & Counseling

Action steps/comments:

Occupational Skills Trainings

Action steps/comments:

Entrepreneurial Skills Training

Action steps/comments:

Supportive Services

Action steps/comments:

Adult Mentoring – Frequency: Weekly Monthly Bi-weekly Other (not less than monthly) _____

Action steps/comments:

Leadership Development Opportunities

Action steps/comments:

Financial Literacy

Action steps/comments:



Updates

Were the following services successfully completed?

Service	N/A	Yes	No	Date Completed
Tutoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Postsecondary Preparation & Transition Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Work Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Career Exploration, Awareness, & Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Occupational Skills Trainings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Supportive Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adult Mentoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leadership Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Job Readiness Training:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Social Emotional Development (Everfi)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Social Emotional Development (in person)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Entrepreneurial Skills Trainings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial Literacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (Describe):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Youth Individual Development Plan (IDP)

Dual Agreement

Youth Name: _____

DOB: _____

Career Planner: _____

Today's Date: _____

Youth and Career Planner Agreement

For Youth- I agree to:

- Contact my Career Planner monthly or as often as necessary to update my progress on this plan. I understand that my I will be exited from the program if I go 90 days without participating in a service.
- Let my Career Planner know of any problems which would cause changes to any activities/services I have committed to.
- Seek and maintain employment that meets my planned goals, stated in the IDP. I will also contact my Career Planner when I become employed and provide all the necessary information pertaining to the job.
- Contact my Career Planner when I become employed and provide all necessary information pertaining to the job.
- If I sign up for a service or training I understand I must attend all classes on time. Failure to follow through may effect future service opportunities.

For the Career Planner- I agree to:

- Assist in and monitor your participation in career guidance, training, and support services.
- Coordinate with other agencies and programs to help you obtain needed services.
- Assist you in your search for employment.

Youth's Signature: _____ **Date:** _____

Career Planner's Signature: _____ **Date:** _____

Form Date: 02/09/26