



BOYS & GIRLS CLUBS
OF GREATER MILWAUKEE

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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	
☐ Personal		Referred to:	
☐ Educational		Referred to:	
☐ Occupational		Referred to:	
☐ Financial		Referred to:	
☐ Medical		Referred to:	
☐ Mental Health		Referred to:	
☐ Childcare		Referred to:	
☐ Transportation		Referred to:	
☐ Housing		Referred to:	
☐ 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? _____



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Program Elements

Date opened: _____ Projected end date: _____
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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 ☐ Weekly ☐ Other ☐ (not less than monthly) _____

Action steps/comments:

☐ **Leadership Development Opportunities**

Action steps/comments:

☐ **Financial Literacy**

Action steps/comments:



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Updates

Were the following services successfully completed?

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

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Youth Individual Development Plan (IDP)

Dual Agreement

Youth Name: _____ DOB: _____

Career Planner: _____ Today's Date: _____

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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: 09.15.26