



Individualized Development Plan GO-MKE

Participant Name: _____ Participant ID#: _____ Initial Plan Date: _____
(Please print)

All goals must be stated as **Specific, Measurable, Achievable, Realistic, and Time-bound (S.M.A.R.T.)**.

Long Term Goal	Short Term Goal	Target Date	Date Achieved
Violence Prevention			
Educational			
Employment/Training			
Other			

(Use additional forms as needed)

Participant Signature: _____ Date: _____

Critical Response Staff: _____ Date: _____

Program Specialist: _____ Date: _____

Individualized Development Plan Reviews	
Date: _____	Summary of progress: _____
Are new goals needed? ☐ Yes ☐ No If yes, list the new S.M.A.R.T. goals below.	
☐ Long Term Goal ☐ Short Term Goal	
☐ Long Term Goal ☐ Short Term Goal	
Participant Signature: _____	Date: _____
Critical Response Staff Signature: _____	Date: _____
Program Specialist Signature: _____	Date: _____

Individualized Development Plan Reviews Continued	
Date: _____	Summary of progress: _____
Are new goals needed? ☐ Yes* ☐ No *If yes, list the new S.M.A.R.T. goals below	
☐ Long Term Goal ☐ Short Term Goal	
☐ Long Term Goal ☐ Short Term Goal	
Participant Signature: _____	
Date: _____	
Critical Response Staff Signature: _____	
Date: _____	
Program Specialist Signature: _____	
Date: _____	
Date: _____ Summary of progress: _____	
Are new goals needed? ☐ Yes* ☐ No *If yes, list the new S.M.A.R.T. goals below	
☐ Long Term Goal ☐ Short Term Goal	
☐ Long Term Goal ☐ Short Term Goal	
Participant Signature: _____	
Date: _____	
Critical Response Staff Signature: _____	
Date: _____	
Program Specialist Signature: _____	
Date: _____	
Date: _____ Summary of progress: _____	
Are new goals needed? ☐ Yes* ☐ No *If yes, list the new S.M.A.R.T. goals below	
☐ Long Term Goal ☐ Short Term Goal	
☐ Long Term Goal ☐ Short Term Goal	
Participant Signature: _____	
Date: _____	
Critical Response Staff Signature: _____	
Date: _____	
Program Specialist Signature: _____	
Date: _____	

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