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: