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/Work Experience/Training			
Other			

Services to Achieve Goals	
Violence Prevention Service provided by: ☐ OCWS ☐ EMI ☐ Other:_____	
Educational Service provided by: ☐ OCWS ☐ EMI ☐ Other:_____	
Employment/Work Experience/Training Service provided by: ☐ OCWS ☐ EMI ☐ Other:_____	

Supportive Service and Referrals for Additional Services Check all that apply and provide a description of what is needed Employment/Work Experience/Training Other	☐ Transportation:
	☐ Food Insecurity Support:
	☐ Childcare:
	☐ Housing:
	☐ Educational Support and Tutoring:
	☐ Mental Health Counseling:
	☐ Drug Treatment:
	☐ Legal Action of WI - Legal assistance for:
	☐ Other:
Other Services Not including Supportive Services	

(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	
Are new services needed? ☐ Yes ☐ No If yes, check the nature of the goal and describe the service ☐ Violence ☐ Education ☐ Employment ☐ Support ☐ Other:_____ _____ ☐ Violence ☐ Education ☐ Employment ☐ Support ☐ Other:_____	
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	
Are new services needed? ☐ Yes ☐ No If yes, check the nature of the goal and describe the service ☐ Violence ☐ Education ☐ Employment ☐ Support ☐ Other:_____ ☐ Violence ☐ Education ☐ Employment ☐ Support ☐ Other:_____	
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	
Are new services needed? ☐ Yes ☐ No If yes, check the nature of the goal and describe the service ☐ Violence ☐ Education ☐ Employment ☐ Support ☐ Other:_____ ☐ Violence ☐ Education ☐ Employment ☐ Support ☐ Other:_____	
Participant Signature:	Date:
Critical Response Staff Signature:	Date:
Program Specialist Signature:	Date:

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