



IDP last updated/by: _____ / _____

Individual Development Plan

Name:

Age:

Cohort:

Date Developed:

Strengths

Potential Challenges

Initial TABE Scores						
Date	Form		Scale Scores		Grade Equivalent	
	Reading	Math	Reading	Math	TABE Reading	TABE Math
Post TABE Scores – 1 st						
Date	Form		Scale Scores		Grade Equivalent	
	Reading	Math	Reading	Math	TABE Reading	TABE Math
Post TABE Scores – 2 nd						
Date	Form		Scale Scores		Grade Equivalent	
	Reading	Math	Reading	Math	TABE Reading	TABE Math

Passing GED Scores									
450 average needed, minimum passing is 410									
Math	Date	Reading	Date	Science	Date	Social Studies	Date	Writing	Date

IEP	Yes	No	Date	School
	<input type="checkbox"/>	<input type="checkbox"/>		

GED Accommodation: yes <input type="checkbox"/> no <input type="checkbox"/> Type of Accommodation(s) Granted				
Individual Testing Room <input type="checkbox"/>	Extra Time <input type="checkbox"/>	Scribe <input type="checkbox"/>	Audio Cassette <input type="checkbox"/>	Calculator for Entire Math Test <input type="checkbox"/>

Services

Individual Services	Start Date	End Date	Status Update
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Agency Referrals

Agency Name	Referral Date	
Services Received	Quarter	Status Update
1.		
2.		
3.		

Agency Name	Referral Date	
Services Received	Quarter	Status Update
1.		
2.		
3.		

GOALS - ACTION STEPS and ACTIVITIES to ATTAIN

Long Term EDUCATION goal

Short Term EDUCATION goal

Action Step/Activities	Target Date	Completed yes/no If yes, date	Resources/Outcome/Status	Recorded in MIS
1.		<input type="checkbox"/> No <input type="checkbox"/> Yes _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> No <input type="checkbox"/> Yes _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> No <input type="checkbox"/> Yes _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/> No <input type="checkbox"/> Yes _____		<input type="checkbox"/> Yes <input type="checkbox"/> No

Long Term EMPLOYMENT goal

Short Term EMPLOYMENT goal

Action Step/Activities	Target Date	Completed yes/no If yes, date	Resources/Outcome/Status	Recorded in MIS
1.		<input type="checkbox"/> No <input type="checkbox"/> Yes _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> No <input type="checkbox"/> Yes _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> No <input type="checkbox"/> Yes _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/> No <input type="checkbox"/> Yes _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
5.		<input type="checkbox"/> No <input type="checkbox"/> Yes _____		<input type="checkbox"/> Yes <input type="checkbox"/> No

Long Term PERSONAL goal

Short Term PERSONAL goal

Action Step/Activities	Target Date	Completed yes/no If yes, date	Resources/Outcome/Status	Recorded in MIS
1.		<input type="checkbox"/> No <input type="checkbox"/> Yes _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> No <input type="checkbox"/> Yes _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> No <input type="checkbox"/> Yes _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/> No <input type="checkbox"/> Yes _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
5.		<input type="checkbox"/> No <input type="checkbox"/> Yes _____		<input type="checkbox"/> Yes <input type="checkbox"/> No

All Participants

Voter Registration yes no date applied: _____ comments: _____

YB Participant Signature

Date

YB Staff Signature

Date

Participant Name _____ Location _____

Case Notes 1

(Please type the date, followed by your name each time a case note is entered.)

Date:	Name:
Date:	Name:
Date:	Name:
Date:	Name:
Date:	Name:

Case Notes 2

(Please type the date, followed by your name each time a case note is entered.)

Date:	Name:
Date:	Name:
Date:	Name:
Date:	Name:
Date:	Name:

Case Notes 3

(Please type the date, followed by your name each time a case note is entered.)

Date:	Name:
Date:	Name:
Date:	Name:
Date:	Name:
Date:	Name: