|  |  |  |  |
| --- | --- | --- | --- |
| **Student:** |       | **IPS Specialist:** |       |
| **Initial Date:**  |       | **Updated On:**  |       |
| **Education goal in worker’s own words** *(What does educational success look like to you?)***:**        |
| **Who is the first person you would call if you wanted to talk about your education program?**       |
| **Support Preferences** *Begin by selecting a preference, followed by typing the individualized response.* |
| >Type Response |       |       |       |       |
| **Strengths** *(personal* strengths, natural supports, and resources) **that will support the success of the goal:**      **Student’s preferences regarding sharing personal information (disclosure) with education program:**       |
| **If I lose contact with you, what’s the best way to connect with you?**  |
| **Needs/Objectives** | **Steps to Achieve Goal** | **Responsible Parties/Supports** | **Successful Outcome(s)** | **Target Date** |
| >Type Response |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
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Staff signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student signature