

My Individual Development Plan

Name: _____ Date: _____

My Long-Term Educational Goal(s) is/are:

My Long-Term Career Goals are:

Obstacles and/or Challenges to Achieving These Goals:

OVERCOMING MY OBSTACLES AND RISING TO MEET MY CHALLENGES (PART I)

The Strengths and Supports I Have That Will Allow Me to Meet My Goals:

OVERCOMING MY OBSTACLES AND RISING TO MEET MY CHALLENGES (PART II)

Steps that I Will Take to Rise to My Challenges and Overcome them are:

SERVICES THAT I USE OR WOULD LIKE TO LEARN MORE ABOUT: (PLEASE ✓ ALL THAT APPLY)

On Campus:

- | | | |
|--|---|--|
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Financial Aid | <input type="checkbox"/> Academic Advising |
| <input type="checkbox"/> Transfer Center | <input type="checkbox"/> Continuing Education | <input type="checkbox"/> Personal Counseling |
| <input type="checkbox"/> Job Assistance | <input type="checkbox"/> Student Support Services | <input type="checkbox"/> Retention Services |
| | | <input type="checkbox"/> "Get Linked" |

Off Campus:

- | | | |
|--|--|---|
| <input type="checkbox"/> Child Care/DSS POC Program | <input type="checkbox"/> Job Training Program | <input type="checkbox"/> DSS Jobs First Program |
| <input type="checkbox"/> Utility Assistance | <input type="checkbox"/> Housing Assistance | <input type="checkbox"/> Legal Assistance |
| <input type="checkbox"/> Financial/Credit Counseling | <input type="checkbox"/> Foreign Born Services | <input type="checkbox"/> Transportation |

Other Services that may benefit me:

Best day of the week to attend workshops: _____

Best time of day to attend workshops: _____