

INDIVIDUAL DEVELOPMENT PLAN

Personal information

Name and surname:	
Date of birth:	
Sex:	M <input type="checkbox"/> F <input type="checkbox"/>
Contact phone/e-mail:	

Main goal				
Specific objectives	Actions / activities	Responsible	Period for implementing	Comments on the progress made, activities performed / Corrections during the progress

Additional comments:

Agreed progress review (dates)			

SIGNATURES

Young person

Counsellor