



Life Plan & Agreement for Youth in Transition

Youth's Name: _____ Birth Date: _____ Age: _____ Gender: _____

Case Name: _____ Case #: _____ Client ID: _____

Ethnicity: _____ Email: _____ Phone: (____) _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Worker's Name: _____ Phone: (____) _____ - _____

TYS Coordinator's Name: _____ Phone: (____) _____ - _____

Life Plan Agreement – 6 month Timeline: _____

Date Needs Assessment completed: _____

If I have not participated in my Life Plan before, I agree to participate now!

Based on current assessments, the following goals and activities meet my current needs.

Goal	Activity	Responsible Team Members	Planned Completion Date	Progress
Education				
				Met Goal on Date _____ Satisfactory Progress Needs More Time/Assistance Goal Needs Modification
				Met Goal on Date _____ Satisfactory Progress Needs More Time/Assistance Goal Needs Modification
				Met Goal on Date _____ Satisfactory Progress Needs More Time/Assistance Goal Needs Modification
Employment				
				Met Goal on Date _____ Satisfactory Progress Needs More Time/Assistance Goal Needs Modification
				Met Goal on Date _____ Satisfactory Progress Needs More Time/Assistance Goal Needs Modification
				Met Goal on Date _____ Satisfactory Progress Needs More Time/Assistance Goal Needs Modification
Health				
				Met Goal on Date _____ Satisfactory Progress Needs More Time/Assistance Goal Needs Modification
				Met Goal on Date _____ Satisfactory Progress Needs More Time/Assistance Goal Needs Modification

