## Individualized Program Success Plan – Attorney Template

*The attorney version of the Individualized Success Plan (ISP) offers guidance on how to fill out the form with your client and future program participant. We ask that attorneys help their clients fill it out because clients need a chance to have a privileged conversation with counsel about their goals and some obstacles they may have to success. Additionally, some clients have never had a chance to sit with someone and clearly think through and express their vision for what they want for themselves in the future. The plan is designed as a first stop to help clients think through short term and long-term goals and the steps they will need to take to achieve those goals. Please don’t feel compelled to perfectly complete this form as it will be modified in the future, but this gives a client an important first step to start working on what they need to do to achieve long term success.*

*For high functioning clients, you may be able to give them the form to have them think about it, start to complete it, and then review and add to it together; for low functioning clients, they will need your assistance to complete the form.*

UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF CALIFORNIA

**Individualized Success Plan**

**LEADING EMERGING ADULTS TO DEVELOP SUCCESS (LEADS) PROGRAM**

|  |  |
| --- | --- |
| Full Name: |  |
| Current Address: |  |
| City/State/Zip: |  |
| Phone Number: |  |  home cell other |
| Alt. Phone Number: |  |  home cell other |
| Email Address: |  |

**Supportive Contact Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Primary Name: | *The name of a stable person who the client trusts that will support them while in the program—it could be a friend or family member who has their best interests in mind.* | Relationship: |  | Phone: |  |
| Secondary Name: |  | Relationship: |  | Phone: |  |

**Goal for Success: Employment**

|  |  |
| --- | --- |
| **Current Employment** | **Goal Employment** |
| I am presently:*Check/highlight/circle the appropriate box and, if applicable, list the name of the employer and job title if a client has one🡪* |  Employed | At the conclusion of the program, I will be:*Check/highlight/circle the appropriate box and, if applicable, list the name of the employer and job title if a client has one🡪* |  Employed |
| Underemployed(not having enough paid work) | Underemployed(not having enough paid work) |
| Unemployed | Unemployed |
| Disabled | Disabled |
| Retired | Retired |
| I work:*Check/highlight/circle the appropriate box 🡪* | Full-Time | At the conclusion of the program, I will be working:*Check/highlight/circle the appropriate box 🡪* | Full-Time |
| Part-Time | Part-Time |
| My job provides the following benefits to me: | *List any benefits provided by the job like health insurance, job training, payments for transportation, education, etc.* | At the conclusion of the program, I want to have the following benefits provided by my job: | *List any goal benefits provided by the job like health insurance, job training, payments for transportation, education, etc.* |
| Do you need help in finding employment? | *Yes/no* |
| Are there any professions or trades in which you are interested in seeking employment? | *List any jobs or trades/professions that the client has interests in; these can be big or little dreams*  |
| Do you need any type of tools, training, or certifications for those professions or trades? | *Brainstorm some of the tools, training, or certificates that might be needed for the employment listed above; the list need not be complete or deeply researched* |
| Are you interested in participating in the Professional Mentorship Initiative program offered by LEADS?  | *Yes/no* |
| **In order to achieve my goal, I will:** |
| *When speaking with the client, talk through some of the things that they will need to do to get from where they are to where they want to be. The list need not be complete at this time, but it should give an idea of steps that might need to happen from where the client currently is to where they need to be. It can include things like:** *Review my work, volunteer, extracurricular, and academic history to see what extra skills I need*
* *Volunteer for a business doing the work I want to do to gain skills*
* *Develop list of skills for job I want to have and research what I need to do to get the job.*
* *Identify two new careers to research each week at the library*
* *Sign up for job training program*
* *Make a list of skills I’ll need for my new job and research how I can get those skills*
* *Ask friends about their jobs, what they are doing, and why they like to do them.*
* *Shadow someone doing the job to see what it’s like and make connections*
* *Reach out to relatives with job and see if they can help me get a connection*
* *Update or create a resume and/or LinkedIn Profile*
* *Google myself to see what employers might see when checking me out and clean up social media that might impact getting a job*
* *Sign up for mock interviews*
* *Ask my current boss for more hours or more responsibility to advance at my current job*
* *Improve my communication skills*
* *Learn how to address workplace conflict*
* *Determine how to address criminal history In job Interview*
* *Determine how to ask with a raise with my employer*
 |

**Goal for Success: Housing**

|  |  |
| --- | --- |
| **Current Housing Situation** | **Goal Housing Situation** |
| Where do you currently live:*Check/highlight/circle the appropriate box 🡪* | Parents’ home  | At the conclusion of the program, you will be living:*Check/highlight/circle the appropriate box 🡪* | Parents’ home  |
| Relative’s home | Relative’s home |
| Friend’s home | Friend’s home |
| Own home | Own home |
| Renting | Renting |
| Halfway house | Halfway house |
| Shelter  | Shelter  |
| Homeless  | Homeless  |
| Other | Other |
| Do you need housing assistance? If so, what type? | *List some housing assistance issues that they might need like getting on housing lists; figuring out how to get vouchers.* |
| **In order to achieve my goal, I will:** |
| *When speaking with the client, talk through some of the things that they will need to do to get from where they are to where they want to be. The list need not be complete at this time, but it should give an idea of steps that might need to happen from where the client currently is to where they need to be. It can include things like:** *Get a credit report to see what I can improve on my credit history*
* *Open Obtaining ID or other documentation*
* *Researching housing listings daily*
* *Creating a resume*
* *Identifying resources for move-in costs*
* *Understanding requirements of landlord/tenant relationship*
* *Increasing hours in current employment*
* *Obtaining/increasing benefits*
* *Connecting with legal service provider to resolve urgent legal issues/record expungement*
* *Reconnecting with family*
* *A savings account to start saving for a deposit*
* *Securing a full-time job or multiple part- time jobs to afford rent*
* *Applying for disability and/ or other income supports*
* *Securing unpaid child support*
* *Reducing or consolidating debt*
* *Improving/repairing credit*
* *Sign up for subsidized housing options*
* *Set up a budget*
 |

**Goal for Success: Education**

|  |  |
| --- | --- |
| **Current Education Situation** | **Goal Education Situation** |
| What is your current level of education:*Check/highlight/circle the appropriate box 🡪* | Some Elementary/Middle School | At the conclusion of the program, your level of education will be:*Check/highlight/circle the appropriate box 🡪* | Some Elementary/Middle School |
| Some High School | Some High School |
| HS Diploma | HS Diploma |
| GED | GED |
| Some College | Some College |
| College degree | College degree |
| Some graduate work  | Some graduate work  |
| Graduate degree | Graduate degree |
| Vocational/Certificate Program | Vocational/Certificate Program |
| Describe any vocational training or degree that you have received. | *List any the client has including the name of any organization/program. This will help identify and find additional resources and build more relationships* |
| Are your licenses or certifications valid or current? | *Yes/No* |
| Are you interested in receiving any type of educational or vocational training or assistance? If so, what kind? | *List any the client would like* |
| Are you interested in receiving any type of financial literacy education? | *List any the client would like* |
| **In order to achieve my goal, I will:** |
| *When speaking with the client, talk through some of the things that they will need to do to get from where they are to where they want to be. The list need not be complete at this time, but it should give an idea of steps that might need to happen from where the client currently is to where they need to be. It can include things like:** *Sign up for courses for GED/to learn to read/for college classes/trade school/ESL classes/coding classes*
* *Apply for scholarships*
* *Ask my boss for hours that will let me go to class*
* *Attend all classes*
* *Complete my homework*
 |

**Goal for Success: Controlled Substance Abuse**

|  |  |
| --- | --- |
| **Current Controlled Substance Use** | **Goal Controlled Substance Use** |
| Are you currently using controlled substances? If so, what and how often: | *List the substances currently used by a client; especially if a client would like some treatment for the substances or you foresee that a client might eventually have problems with substances in the future.* | At the conclusion of the program, your use of non-prescribed substances will be? | *Hopefully none* |
| **In order to achieve my goal, I will:** |
| *When speaking with the client, talk through some of the things that they will need to do to get from where they are to where they want to be. The list need not be complete at this time, but it should give an idea of steps that might need to happen from where the client currently is to where they need to be. It can include things like:** *Attend AA/NA classes*
* *Complete a residential program*
* *Move into a sober living environment*
* *Move out of the living situation I am in now*
* *Develop more sober friends and social actives that don’t involve using drugs*
* *Use CBD instead of marijuana*
* *Research alternative methods of pain management*
* *Start doing yoga or meditation to calm down and decompress*
 |

**Goal for Success: Cognitive Skills Treatment Program**

|  |  |
| --- | --- |
| **Current Cognitive Skills Treatment Program** | **Goal Cognitive Skills Treatment Program** |
| Have you ever participated or completed a cognitive skills treatment program (such as Courage to Change, DBT, MRT)? If so, when and how often: | *Review programs that client have previous completed* | At the conclusion of the program, which cognitive skills treatment program will you have done? | *Almost all of the participants will do some program like Courage to Change; PTS will select the most appropriate program* |
| **In order to achieve my goal, I will:** |
| *PTS will determine the appropriate Cognitive Skills Training program for a client; but it would be helpful for a client to think through some effort, motivation, or commitment to why they are trying a cognitive skills treatment program to help match them with the best program.* |

**Goal for Success: Legal Compliance**

|  |  |
| --- | --- |
| **Current Status of Legal Compliance** | **Goal Status of Legal Compliance** |
| I am presently aware of the following legal issues that I need to address: |  *List any legal issues in state, federal, or immigration court that a client is aware of* | At the conclusion of the program, my legal issues will be: | *Clients should hopefully be able to address outstanding legal issues by the conclusion of a year and the answer would be “none”* |
| Do you currently have requirements for compliance for state parole or probation? Are you in any classes/programs ordered for a previous state charge? | *Yes/No; If Yes ,what are they and if the client doesn’t know, it would be helpful to figure it out and should become a goal of the client to find out* |
| Do you have outstanding probation or parole fees? Do you need help addressing these fees? | *Yes/No; If Yes ,what are they and if the client doesn’t know, it would be helpful to figure it out and should become a goal of the client to find out* |
| Do you have outstanding tickets/charges or a DWI/DUI suspension preventing you from getting a valid Driver’s License? Do you need help addressing these tickets/charges? | *Yes/No; If Yes ,what are they and if the client doesn’t know, it would be helpful to figure it out and should become a goal of the client to find out* |
| Do you have outstanding restitution payments? Do you need help addressing these payments? | *Yes/No; If Yes ,what are they and if the client doesn’t know, it would be helpful to figure it out and should become a goal of the client to find out* |
| Do you have outstanding child support payments? Do you need help addressing these payments? | *Yes/No; If Yes ,what are they and if the client doesn’t know, it would be helpful to figure it out and should become a goal of the client to find out* |
| Do you have outstanding taxes? Do you need help addressing these taxes? | *Yes/No; If Yes ,what are they and if the client doesn’t know, it would be helpful to figure it out and should become a goal of the client to find out* |
| **In order to achieve my goal, I will:** |
| *When speaking with the client, talk through some of the things that they will need to do to get from where they are to where they want to be. The list need not be complete at this time, but it should give an idea of steps that might need to happen from where the client currently is to where they need to be. It can include things like:** *Speak to or get a public defender to resolve my outstanding state case*
* *Take advantage of a “clean slate” program*
* *Find an immigration attorney to address immigration issues*
* *Research, find, and sign up for DUI classes*
* *Order records from DMV to find out how much owed in outstanding tickets*
* *Sign up for driver’s education course to get license back*
* *Make appointment with IRS*
* *Get tax forms for owed taxes*
* *Set up a payment plan for outstanding fines and restitution*
* *Address any outstanding family law/custody issues*
 |

**Goal for Success: Prosocial Network**

|  |  |
| --- | --- |
| **Current Status of Prosocial Networks** | **Goal Status of Prosocial Networks** |
| The most positive and supportive people in my life now are: |  *List the people in the client’s life who are supportive and are a positive influence in their life* | At the conclusion of the program, the most positive and supportive people in my life will be: | *List more people in the client’s life who are supportive and are a positive influence in their life and any restored relationships* |
| My current relationships I’d like to charge are: | *List the people in the client’s life who are not supportive and are not a positive influence in their life* | At the conclusion of the program, I will replace my unhealthy or hurtful relationship with a relationship with the following people or groups: | *List more people in the client’s life who are supportive and are a positive influence in their life and any restored relationships* |
| I currently spend my free time doing: | *List the client’s current social activities* | At the conclusion of the program, I will spend my free time doing: | *List beneficial social activities that client would like to start doing* |
| **In order to achieve my goal, I will:** |
| *Prosocial involvement refers to events, people, or activities across different settings that an individual or group of individuals participate in, with the express purpose of benefitting others. When speaking with the client, talk through some of the things that they will need to do to get from where they are to where they want to be. The list need not be complete at this time, but it should give an idea of steps that might need to happen from where the client currently is to where they need to be. It can include things like:** *Volunteer or join:*
	+ *Service organizations*
	+ *Political clubs or organizations*
	+ *Religious or spiritual organizations, including churches, synagogues, and mosques*
	+ *Community centers, neighborhood improvement, or social-action associations or groups*
	+ *Volunteering in a hospital, nursing home, or retirement community or in a program making home visits to people in need*
	+ *Educational organizations*
	+ *A conservation, recycling, or environmental group*
	+ *A group providing international aid or promoting world peace*
	+ *A group that helps people in need of food, shelter, or other basic necessities*
	+ *Activities related to arts or culture*
	+ *Groups related to animal welfare, such as rescue groups, vet clinics, or shelters*
	+ *Groups related to physical health and well-being, such as the Juvenile Diabetes Research Foundation or the American Cancer Society*
	+ *Groups related to people with disabilities, such as the Special Olympics or tutoring/mentoring activities*
	+ *Groups related to mental health and well-being, such as support groups or resource centers*
	+ *Groups related to civic protection, such as volunteer fire fighters or neighborhood watch*
	+ *Any other kind of group or organization*
* *Find a new group of friends that takes me away from the places and people that have lead me to trouble In the past.*
 |

**Goal for Success: Community Health Resources**

|  |  |
| --- | --- |
| **Current Medical Health Status** | **Goal Medical Health Status** |
| Have you been diagnosed with any mental health issues? Are you treating those issues? | *List the client’s current mental health issues and treatments* | At the conclusion of the program, I will be addressing my medical issues by: | *Coming up with a plan* |
| Do you have health insurance? | *Yes/No* | At the conclusion of the program, my medical insurance status will be: | *Insured hopefully* |
| Do you have a treatment provider? | *Yes/No* | At the conclusion of the program, my treatment provider will be? | *Identify a provider* |
| Do you believe that you are eligible for services from Social Security? Why? | *Yes/No; if yes, and a client doesn’t have services, that should be one of their goals* |
| Are you currently using or prescribed any medication? | *Yes/No; if yes, then list* |
| **In order to achieve my goals for medical health, I will:** |
| *When speaking with the client, talk through some of the things that they will need to do to get from where they are to where they want to be. The list need not be complete at this time, but it should give an idea of steps that might need to happen from where the client currently is to where they need to be. It can include things like:** *Sign up for Social Security*
* *Sign up for Medicare*
* *Sign up for MediCal*
* *Visit the doctor for an annual checkup*
* *Get needed dental work*
 |

**Goal for Success: Restorative and Reflection**

|  |  |
| --- | --- |
| Describe what happened to put you in this situation: | *The client should answer these questions about the charged federal offense with your guidance to make sure that they don’t implicate themselves into uncharged conduct.* |
| What law did you break or violate? | *The client should answer these questions about the charged federal offense with your guidance to make sure that they don’t implicate themselves into uncharged conduct.* |
| What were you thinking about at the time? | *The client should answer these questions about the charged federal offense with your guidance to make sure that they don’t implicate themselves into uncharged conduct.* |
| What have you thought about since the incident? | *The client should answer these questions about the charged federal offense with your guidance to make sure that they don’t implicate themselves into uncharged conduct.* |
| How do you feel about your behavior? | *The client should answer these questions about the charged federal offense with your guidance to make sure that they don’t implicate themselves into uncharged conduct.* |
| Aside from yourself, who has your behavior and actions affected? How have they been affected? | *The client should answer these questions about the charged federal offense with your guidance to make sure that they don’t implicate themselves into uncharged conduct.* |
| What will you do to help those affected by your behavior? | *The client should answer these questions about the charged federal offense with your guidance to make sure that they don’t implicate themselves into uncharged conduct.* |
| What will be your first step to help those affected? | *The client should answer these questions about the charged federal offense with your guidance to make sure that they don’t implicate themselves into uncharged conduct.* |
| At the conclusion of this program, what will be your steps to deal with the consequences of the crime and decide how best to repair the harm. | *The client should answer these questions about the charged federal offense with your guidance to make sure that they don’t implicate themselves into uncharged conduct.* |

*For the next section, try taking what the client has as an ultimate goal and start breaking down some of the smaller steps they need to accomplish to get there. You don’t have to list all of the steps, but it is helpful to start breaking down a few of them. For those goals to be motivating, they need to be S.M.A.R.T.*

* ***S****– Specific*
* ***M****– Measurable*
* ***A****– Achievable*
* ***R****– Realistic*
* ***T****– Have a time frame*

*For instance, if one of the career goals is to improve communication skills, then one of the Phase 1 Goals might be:*

* *Improve communication skills by talking to someone new during my lunch break at least once a week*

*The Phase II Goal might overlap multiple goals and be:*

* *Improve communication skills by volunteering at the homeless shelter twice a week*

|  |
| --- |
| **Phase 1 Goals:** |
| Housing |  |
| Education |  |
| Controlled Substances |  |
| Cognitive Skills |  |
| Employment |  |
| Legal Compliance |  |
| Prosocial Network |  |
| Community Health Resources |  |
| Restoration and Reflection |  |
| Other |  |
| Frequency of Court Visits |  |
|  |  |
| **Phase 2 Goals:** |
| Housing |  |
| Education |  |
| Controlled Substances |  |
| Cognitive Skills |  |
| Employment |  |
| Legal Compliance |  |
| Prosocial Network |  |
| Community Health Resources |  |
| Restoration and Reflection |  |
| Other |  |
| Frequency of Court Visits |  |
| **Phase 3 Goals:** |
| Housing |  |
| Education |  |
| Controlled Substances |  |
| Cognitive Skills |  |
| Employment |  |
| Legal Compliance |  |
| Prosocial Network |  |
| Community Health Resources |  |
| Restoration and Reflection |  |
| Other |  |
| Frequency of Court Visits |  |
|  |  |
| **Phase 4 Goals:** |
| Housing |  |
| Education |  |
| Controlled Substances |  |
| Cognitive Skills |  |
| Employment |  |
| Legal Compliance |  |
| Prosocial Network |  |
| Community Health Resources |  |
| Restoration and Reflection |  |
| Other |  |
| Frequency of Court Visits |  |
| **Other** |
|  |