Disability Resource Center
A Center for Independent Living

Independent Living Plan (ILP) Development Form

Early Start PECTP

Student Name (First & Last): _____

Staff Name:_____

Goal Types

_X__ Self-Advocacy/Self-Empowerment _X__Educational

Begin date (First day of class): _____ / _____ / _____

Check-in date (Mid-year): _____ / _____ / _____

Target date (End of classes): _____ / _____ / _____

LONG TERM GOAL (Mandatory) – Describe:

Student will learn and improve skills involved in self-advocacy and self-empowerment through the Early Start Pre-Employment Career Training Program. The Services include: Job Exploration Counseling, Work-Based Learning Experience, Counseling on Post-Secondary Education, Workplace Readiness Training, and Introduction to Self-Advocacy.

I have been given the option to develop or waiver an Independent Living Plan (ILP) and have had the options explained to me. I have decided to:

_____ Develop ILP OR _____ Waiver ILP, and ILP is unnecessary

_____ _____

Student Signature **Date**

_____ _____

Parent Signature **Date**

_____ _____

Staff Signature **Date**