



Youth Transition Decision-Making (YTDM) Meeting Notes Youth's Plan

Case Information

Youth Name		
Parent/Caregiver Name	Parent/Caregiver/Noncustodial Names	
Date of YTDM	Facilitator Name	Facilitator Approval Number
Next Court Hearing Date and Time	Type of Hearing	

Desired Outcomes of this Meeting

Fostering Connections

Education (things to consider)			
<ul style="list-style-type: none"> Graduation date Academic performance GED, high school diploma IEP or other 	<ul style="list-style-type: none"> Extracurricular activities Job training options I-JAG 	<ul style="list-style-type: none"> College visits/applications Financial aid applications ACT/SAT/COMPASS 	
STRENGTHS:			
NEEDS:			
GOAL:			
WHO:	Agrees to do WHAT:	By WHEN:	DATE Completed/Modified

Employment (things to consider)			
<ul style="list-style-type: none"> • Transportation • Dress for success • Vocational rehabilitation/Iowa Works 	<ul style="list-style-type: none"> • Application/interview skills • Maintaining employment 	<ul style="list-style-type: none"> • Develop resume • Informal support 	
STRENGTHS:			
NEEDS:			
GOAL:			
WHO:	Agrees to do WHAT:	By WHEN:	DATE Completed/Modified

Health (things to consider)			
<ul style="list-style-type: none"> • Insurance cards: medical/dental/vision • Medication management 	<ul style="list-style-type: none"> • Access to physician • SSI • Physical health 	<ul style="list-style-type: none"> • Hygiene • Mental health • Reproductive health 	
STRENGTHS:			
NEEDS:			
GOAL:			
WHO:	Agrees to do WHAT:	By WHEN:	DATE Completed/Modified

Housing (things to consider)			
<ul style="list-style-type: none"> • Safe, affordable, and stable • Current housing 	<ul style="list-style-type: none"> • After 18 • SAL 		
STRENGTHS:			
NEEDS:			
GOAL:			

WHO:	Agrees to do WHAT:	By WHEN:	DATE Completed/Modified

Supportive Relationships (things to consider)

- Aftercare
- AMP
- Family interaction plan
- Healthy family connections
- Adult services
- Community/church connections
- Peers
- Permanency pact
- Mentors

STRENGTHS:

NEEDS:

GOAL:

WHO:	Agrees to do WHAT:	By WHEN:	DATE Completed/Modified

Other (Discuss financial management, life skills, vital documents: birth certificate, Social Security card, driver's license or state picture ID, Selective Service, healthcare proxy, etc.)

STRENGTHS:

NEEDS:

GOAL:

WHO:	Agrees to do WHAT:	By WHEN:	DATE Completed/Modified

Crisis Plan

Discuss what will be done if some part of the plan breaks down and a crisis happens.

Risk identified and steps to address the risk issues:	By WHEN :	Completed/Ongoing

