

**Youth Prevention Program - Indicated
Indicated Prevention Service Plan (ISP)**

Date:

Participant Name:	
Participant Identifier:	

Behavioral / Academic / Social Goals:

1.	
2.	
3.	
4.	
5.	

Referrals for Recommended Services:

1.	
2.	
3.	
4.	
5.	

Timelines for Completing Goals and Accessing Recommended Services:

1.	
2.	
3.	
4.	
5.	

Scheduled Follow-Up:

Participant Signature

Date

Prevention Specialist (Print)

Date

Participant Specialist (Signature)

Date