



PATIENT I.D. DATA:
(name, DOC #, birthdate)

SKILL BUILDING UNIT INDIVIDUALIZED PLAN

DATE	FACILITY	DATE OF NEXT REVIEW	ERD
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Strengths (include measurable information from initial and ongoing program assessments)

Functional Domains:

- Activities of daily living
- Interpersonal relationships
- Social skills
- Soft skills
- Communication
- Basic skills

Provide specific information related to the strength domains identified:

Criminogenic Domains:

- Aggression
- Attitudes and behaviors
- Education/Vocational
- Employment
- Residential
- Social influences

Provide specific information related to the criminogenic domains identified:

Additional areas of strength:

Overall skill development needs

Functional Domains (check all that apply):

- Activities of daily living
- Interpersonal relationships
- Social skills
- Soft skills
- Communication
- Basic skills

Criminogenic Domains (check all that apply):

- Aggression
- Attitudes and behaviors
- Education/Vocational
- Employment
- Residential
- Social influences

Additional skill needs:

Long-term goal (1-2 years):

Goals for this plan (1-3 goals related to the identifiable skill development needs and should be achievable within 6 months):

Goal 1 Continued from last plan

Measurable outcome:

Steps to reach goal:

Goal 2 Continued from last plan

Measurable outcome:

Steps to reach goal:

Goal 3 Continued from last plan

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.



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Measurable outcome:
Steps to reach goal:

Accomplishments to date (include all goals reached since entry into the program):

_____	_____
SBU Resident Signature	DATE
_____	_____
Staff Printed Name and Signature	DATE
_____	_____
SBU Supervisor Printed Name and Signature	DATE

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