Leadership Development Plan (LDP)

Wisconsin Youth Leadership Certificate

STUDENT INFORMATION		
Student Name	Mentor Teacher	Mentor Teacher's Email
Student Grade	Student Address: (Street, City, State, and Zip)	
Student Email	Student Telephone *Area/No.*	

MENTOR/LOCATION INFORMATION	
Student's Position	Start Date
Work-Based Learning Site *(Employer or Organization Name, street address, city, state, zip code)*	
Primary Responsibilities:	

SELF-ASSESSMENT	
Explain your past leadership experience, if any.	
Review the competencies of the *Wisconsin Youth Leadership Certificate*. Identify your leadership strengths and weaknesses.	
Strengths	**Weaknesses**
How can working toward this certificate help you capitalize on your strengths and work on your weaknesses?	

Leadership Development Plan (LDP)

Wisconsin Youth Leadership Certificate

GOALS
Set three measurable, specific goals that you would like to accomplish while working toward the *Wisconsin Youth Leadership Certificate*. 1) 2) 3)
How can each of your Mentor assist or support you in being successful in accomplishing your goals**:**

VERIFICATION & SIGNATURES			
The *mentor* agrees to partner with the school(s) to offer the *Wisconsin Youth Leadership Certificate.* The mentor will provide guidance and complete evaluations of the student's leadership performance; and confer with Mr. Felch periodically to determine in what way the student's learning on the job might be strengthened. The *student* agrees to perform all duties agreed upon in pursuit of the certificate. The student will conform to all rules and policies of the *organization, workplace, or activity* and the school. The student expects no special privileges, agrees to confer with Mr. Felch regarding any concerns encountered on the pursuit of the certificate. Mr. Felch agrees to provide *school-based learning and coordination* related to the needs of the student and *organization, workplace, and/or activities* in establishing a *Leadership Development Plan*, and to work with all partners involved to achieve the established goals. The *parent/guardian* agrees to cooperate with the school and other partners to assist the student in achieving the established goals of the *Wisconsin Youth Leadership Certificate* experience.			
Student Signature	Date	Mentor Signature	Date
Parent Signature	Date	Mr. Felch's Signature	Date

The Wisconsin Department of Public Instruction does not discrimination the basis of sex, race, color, religion, creed, age, national origin, ancestry, pregnancy, marital status or parental status, sexual orientation, or disability.