**Career Mapping Workshop Summary**

|  |  |
| --- | --- |
| **Participant Name:**  | **Career Coach Name:** |

|  |  |  |
| --- | --- | --- |
| Strengths (I am …) | Gifts (I like, enjoy…) | Capacities (I can, I am able to…) |
|  |  |  |

|  |
| --- |
| What Works and What Doesn’t |
| What Works | What Does Not Work |
|  |  |

|  |
| --- |
| Possible Jobs |
|  |  |  |  |
|  |  |  |  |

**Career Plan**

|  |  |  |
| --- | --- | --- |
|  **Name, JS ID:** | **Career Coach Name:** | **WS Liaison:** |

|  |
| --- |
| [Employment Goals](#_top" \o "clear and focused; list a specific occupation; align with customer’s Strengths, Gifts, Capacities, and work preferences; short- term and long-term career goals are compatible, have timelines; if general, next steps reflect career exploration)**(Example: Production Worker Manufacturing 03/2017)**  |
| *Transitional (Survival) Employment Goal* | **Position/ Occupation:** | **Industry:** Choose an item. | **To be completed by (month & year):** |
| *Short-term Career Track Goal* | **Position/ Occupation:** | **Industry:** Choose an item. |  **To be completed by (month & year):** |
| *Long-Term Career Track Goal*  | **Position/ Occupation:** | **Industry:** Choose an item. | **To be completed by (month & year):** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [Training Goals](#_top)Mark all you will be working on | **Training provider/ School** | **Course name** | **To be completed by (month & year)** | **Supports which employment goal?** |
|[ ]  **GED/HS Diploma** |  |  |  |[ ]  **Short-term** |
|  |  |  |  |  |[ ]  **Long-term** |
|[ ]  **English language skills** |  |  |  |[ ]  **Short-term** |
|  |  |  |  |  |[ ]  **Long-term** |
|[ ]  **Occupational Skills training**  |  |  |  |[ ]  **Short-term** |
|  |  |  |  |  |[ ]  **Long-term** |
|[ ]  **Work Experience/ Internship** |  |  |  |[ ]  **Short-term** |
|  |  |  |  |  |[ ]  **Long-term** |
|[ ]  **Other (computer classes, etc.)** |  |  |  |[x]  **Short-term** |
|  |  |  |  |  |[ ]  **Long-term** |
|[ ]  **Volunteer activities** |  |  |  |[ ]  **Short-term** |
|  |  |  |  |  |[ ]  **Long-term** |

|  |
| --- |
| Essential Workplace Skills Mark all that will be developed |
| [ ]  Verbal communication[ ]  Non-verbal communication[ ]  Communication with co-workers[ ]  Communication with management[ ]  Collaboration[ ]  Taking ownership[ ]  Planning ahead | [ ]  Following instructions[ ]  Understanding of expectations[ ]  Attendance & punctuality [ ]  Effective task management[ ]  Meeting work quality standards[ ]  Integrity[ ]  Identifying & overcoming challenges | [ ]  Understanding personal strengths & limitations[ ]  Setting & managing goals[ ]  Managing personal emotions in the workplace[ ]  Adaptability[ ]  Exercising sound reasoning[ ]  Leadership |

|  |
| --- |
| [Resources](#_top) |
| **Resource from…** | **Services Provided****(E.g. rent assistance, transportation, resume workshop, childcare, expungement, utility, counseling, etc.)** | **Status** (select one from dropdown) | **Contact Information** |
| **APN Agency:** |  | Choose an item. |  |
|  | Choose an item. |  |
|  | Choose an item. |  |
|  | Choose an item. |  |
|  | Choose an item. |  |
|  | Choose an item. |  |
| **WorkSource** |  | Choose an item. |  |
|  | Choose an item. |  |
|  | Choose an item. |  |
|  | Choose an item. |  |
|  | Choose an item. |  |
|  | Choose an item. |  |
|  | Choose an item. |  |
| **Department of Human Services (DHS)** |  | Choose an item. |  |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
| **Vocational Rehabilitation (VR)** |  | Choose an item. |  |
|  | Choose an item. |  |
|  | Choose an item. |  |
| **Other:** |  | Choose an item. |  |
|  | Choose an item. |  |
| **Other** |  | Choose an item. |  |
|  | Choose an item. |  |
|  | Choose an item. |  |
| **Other:** |  | Choose an item. |  |
|  | Choose an item. |  |
|  | Choose an item. |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | [Next Steps](#_top)**:** | Target deadline | Completed? |
|  | Example: Register with WorkSource. No appointment needed. Go Mon-Fri 8-3. Bring referral form, ID & SSN card. |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Accomplishments** |
|  |  |
|  |  |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [**Plan**](#_top) **Updates:**  |  |  |  |  |  |
| Initial Plan date: |  | Update 4 date : |  | Update 8 date: |  |
| Update 1 date: |  | Update 5 date: |  | Update 9 date: |  |
| Update 2 date: |  | Update 6 date: |  | Update 10 date: |  |
| Update 3 date: |  | Update 7 date: |  | Update 11 date: |  |