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| **Participant Name and Pronouns:** | Career Coach Name and Pronouns: |
| **Job Seeker ID:** | WS Liaison and Pronouns: |

|  |  |  |
| --- | --- | --- |
| **Strengths (I am…)** | **Interests and Talents (I like, I enjoy, My hobbies are…)** | **Skills and Abilities (I can, I am able to…)** |
|  |  |  |

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| **What Works and What Doesn’t Work** *(e.g. distance, hours, size of company, culture, , interactions with staff/ leaders, expectations, work environment, physical requirements, etc)*  |
| What Works- Qualities you will be looking for in a job | What Doesn’t Work- Qualities that will not work for you in a job |
|  |  |

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| **Possible Jobs-** What job, career, business or sectors |
|  |  |  |  |
|  |  |  |  |

**Initial Plan date:**

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| **My Employment Goals** |
|  |  | **Industry** | **1/2025** |
| *Transitional Employment Goal* | **Position/ Occupation:** | **Choose an item** | **To be completed by (month & year):** |
| *Short-term Career Track Goal* | **Position/ Occupation:** | **Choose an item** |  **To be completed by (month & year):** |
| *Long-Term Career Track Goal*  | **Position/ Occupation:** | **Choose an item** | **To be completed by (month & year):** |

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| **What skills are required to enter this career/field? Include both technical and interpersonal skills. Check the ones that you already have. Add them to your resume / application.** | **Certifications/ Licenses/Drug Testing/ Background Check Needed** |
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| **Training Goals**Mark all you will be working on | **Training Provider/ School** | **Course Name** | **To be completed by (month & year)** | **Supports which employment goal?** | **Status (planned, started, completed)** |
| [ ] **GED/HS Diploma** |  |  | Choose an item. | [ ] **Short-term** |  |
| [ ] **Long-term** |  |
| [ ] **English language skills** |  |  | Choose an item. | [ ] **Short-term** |  |
| [ ] **Long-term** |  |
| [ ] **Occupational Skills training**  |  |  | Choose an item. | [ ] **Short-term** |  |
| [ ] **Long-term** |  |
| [ ] **Work Experience/ Internship** |  |  | Choose an item. | [ ] **Short-term** |  |
| [ ] **Long-term** |  |
| [ ] **Other (computer classes, etc.)** |  |  | Choose an item. | [ ] **Short-term** |  |
| [ ] **Long-term** |  |
| [ ] **Volunteer activities** |  |  | Choose an item. | [ ] **Short-term** |  |
| [ ] **Long-term** |  |

| *Needs and* [*Resources*](#_gjdgxs) |
| --- |
| **Resource from…** | **Services Provided****(e.g. rent assistance, transportation, resume workshop, childcare, expungement, utility, counseling, etc.)** | **Status** receiving, need to apply, etc. | **Contact Information** |
| **APN Agency:** |  | 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. |  |
| **Department of Human Services (DHS)** |  | 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 + ACCOMPLISHMENTS**

Example: Register with WorkSource. No appointment needed. Go Mon-Fri 8:30-3. Bring referral form, ID & SSN card.

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| Tomorrow I will… | I achieved or accomplished… |
| Over the next week, I will… (Add due date)  | Over the last week, I achieved or accomplished… |
| Over the next month, I will… (Add due date) | Over the last month, I have achieved or accomplished… |
| Over the next three months, I will… (Add due date) | Over the last three months, I have achieved or accomplished… |