

# ADULT EDUCATION AND LITERACY INDIVIDUAL TRAINING EDUCATION AND CAREER PLAN



**LAST NAME**

**FIRST NAME**

**MIDDLE INITIAL**

**DATE OF BIRTH**

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M	M		D	D		Y	Y	Y	Y

**LOCAL PHONE NUMBER**

 -  - 

**EDUCATION INFORMATION**

High School Diploma/Equivalent: YES  NO  If yes, year obtained: \_\_\_\_\_

GED Sections Completed: YES  NO  If yes, sections completed: \_\_\_\_\_

Training Course: YES  NO  Certificate Program: YES  NO

College: YES  NO  If YES, name of institution: \_\_\_\_\_

Degree:  Associates  Bachelors  Masters

**EMPLOYMENT INFORMATION**

Employed: YES  NO  Workforce Solutions Referral? YES  NO  Workforce Solutions Office: \_\_\_\_\_

If employed, how many hours a week? \_\_\_\_\_ Are you actively looking for work? YES  NO

AEL Course Enrollment:  ABE  ASE  IET  ESL  Civics  Other: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Teacher/Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

LONG TERM GOALS: Educational, career, or personal goals I hope to accomplish within the next 3-5 years?		
Specific Goal	Steps I need to take to achieve my goal	I hope to achieve this goal by: (month/year)
1.		
2.		
3.		
4.		
5.		

**SHORT TERM GOALS: These are objectives I hope to accomplish within the next year.**

SPECIFIC OBJECTIVES: Educational objectives as well as goals related to training, employment or personal long term goals	How will objectives be measured?	Document progress toward objectives. Circle: <b>A</b> (Achieved objective), <b>P</b> (Progress made), <b>M</b> (Modified objective)	
		Rate Progress	Date Reviewed
1.		<b>A</b> <b>P</b> <b>M</b>	
2.		<b>A</b> <b>P</b> <b>M</b>	
3.		<b>A</b> <b>P</b> <b>M</b>	
4.		<b>A</b> <b>P</b> <b>M</b>	
5.		<b>A</b> <b>P</b> <b>M</b>	

List Career Counseling Services Needed (such as resume, interest inventory, job search, and interview skills):

List Potential Barriers to your Individual Training, Education, and Career Plan (such as childcare, transportation, work schedule, school schedule, criminal background):

1<sup>st</sup> Student ITEC Update    Phone    Email    Walk-in   Date: \_\_\_\_\_   Staff: \_\_\_\_\_

Notes:

2<sup>nd</sup> Student ITEC Update    Phone    Email    Walk-in   Date: \_\_\_\_\_   Staff: \_\_\_\_\_

Notes: