



SUPPLEMENTAL GOAL SHEET

Long Term Goals

Name: _____

Eligibility Date: _____

<u>Secondary Education Goal</u>	<u>Career Goal</u>	<u>Post-Secondary Training Goal</u>
<input type="checkbox"/> Credit Recovery <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> N/A <i>(Have Diploma/GED/Equivalency)</i>	_____ <i>ONET</i> _____ <i>Target Income</i>	_____ <i>Target Start Date:</i> _____ <i>Course of Study</i> _____ <i>School / Training Provider</i>

Short Term Goals

<input type="checkbox"/> Basic Skills			Start: _____	Quantity: _____
Goal Type	Measurement of Improvements (1 per goal in i-trac)			
<input type="checkbox"/> Improvement in Math Skills (A) <input type="checkbox"/> Improvement in Reading Skills (B)	<input type="checkbox"/> Higher scores on CASAS math post-tests (A) <input type="checkbox"/> Other – see notes <input type="checkbox"/> Higher scores on CASAS reading post-tests (B)			
Strategies for Improvement				
<input type="checkbox"/> Computer tutorial or resources <input type="checkbox"/> Independent reading <input type="checkbox"/> Specific Class Instructions <input type="checkbox"/> Tutoring <input type="checkbox"/> Extra Homework <input type="checkbox"/> Night School <input type="checkbox"/> Summer School <input type="checkbox"/> Other – see notes				
<input type="checkbox"/> Employment			Start: _____	Quantity: _____
Goal Type	Measurement of Improvements (1 per goal in i-trac)			
<input type="checkbox"/> Advancement in Employment (A) <input type="checkbox"/> Unsubsidized Employment (B)	<input type="checkbox"/> Gain in employment benefits (A) <input type="checkbox"/> Promotion with current employer (A) <input type="checkbox"/> Gain in employment earnings (A) <input type="checkbox"/> Secure unsubsidized employment (B) <input type="checkbox"/> Gain in employment hours(A) <input type="checkbox"/> Other – see notes			
Strategies for Improvement				
<input type="checkbox"/> Arrive on time or early for work/interview <input type="checkbox"/> Create or update resume <input type="checkbox"/> Register in iMatchSkills <input type="checkbox"/> Ask for and respond positively to feedback <input type="checkbox"/> Flexible on schedule availability <input type="checkbox"/> Request additional responsibility <input type="checkbox"/> Attend all scheduled shifts unless emergency <input type="checkbox"/> Pocket Resume <input type="checkbox"/> Select or obtain appropriate interview clothing <input type="checkbox"/> Attend Youth Employment Lab <input type="checkbox"/> Practice interview questions, mock interviews <input type="checkbox"/> Submit set number of applications <input type="checkbox"/> Call employers to follow up on applications <input type="checkbox"/> Practice job applications <input type="checkbox"/> Other – see notes				
<input type="checkbox"/> Life Skills			Start: _____	Quantity: _____
Goal Type	Measurement of Improvements (1 per goal in i-trac)			
<input type="checkbox"/> Financial Literacy Skills (A) <input type="checkbox"/> Food stability (B) <input type="checkbox"/> Independent transportation (C) <input type="checkbox"/> Medical/healthcare (D) <input type="checkbox"/> Stable childcare (E) <input type="checkbox"/> Stable housing (F)	<input type="checkbox"/> Access to regular health care provider (D) <input type="checkbox"/> Health insurance coverage (D) <input type="checkbox"/> Completed personal budget (A) <input type="checkbox"/> Individual Development Account (IDA) (A) <input type="checkbox"/> Completion of financial literacy class (A) <input type="checkbox"/> Long-term subsidized housing (F) <input type="checkbox"/> Consistent, dependable, safe childcare (E) <input type="checkbox"/> Receiving SNAP assistance (B) <input type="checkbox"/> Driver license (C) <input type="checkbox"/> Unsubsidized housing (F) <input type="checkbox"/> Driver permit (C) <input type="checkbox"/> Other – see notes <input type="checkbox"/> Food stability as defined by client (B)			
Strategies for Improvement				
<input type="checkbox"/> Access emergency or transitional housing programs <input type="checkbox"/> Complete Rent Well/other housing readiness <input type="checkbox"/> Research/register for financial literacy class <input type="checkbox"/> Access food boxes and community food resources <input type="checkbox"/> Drivers Ed class <input type="checkbox"/> Schedule test for driver permit/license <input type="checkbox"/> Apply for Healthy Kids/Cover Oregon/or other insur. <input type="checkbox"/> Explore community resources for health needs <input type="checkbox"/> Study for driver permit/license test <input type="checkbox"/> Apply for housing assistance programs <input type="checkbox"/> Financial literacy computer tutorial <input type="checkbox"/> Utilize Childcare Resource & Referral srvs <input type="checkbox"/> Apply for SNAP or other food assistance programs <input type="checkbox"/> Make and keep health related appointments <input type="checkbox"/> Other – see notes <input type="checkbox"/> Attend community health related support groups <input type="checkbox"/> Research affordable housing options <input type="checkbox"/> Complete personal budget <input type="checkbox"/> Research and apply for community childcare assistance				

Plan Agreement

I participated in the development of this plan and will work towards successfully completing my goals. My Career Advisor and I have the ability to modify the plan as appropriate. I will participate to the best of my ability and keep my Career Advisor informed of any changes to my goals and circumstances. I understand that this is not a legally binding contract, and that funding and resources are subject to availability.

Participant Name _____

Participant Signature _____

Date _____

Career Advisor Name _____

Career Advisor Signature _____

Date _____



Short Term Goals - continued

<input type="checkbox"/> Post-Secondary Education/Training Start: _____ Quantity: _____	
<p style="text-align: center;">Goal Type</p> <input type="checkbox"/> Complete 30 days of advanced training or apprenticeship (A) <input type="checkbox"/> Pass one college course 100 level or above (B) <input type="checkbox"/> Pass one college prep class under 100 level (C)	<p style="text-align: center;">Measurement of Improvements (1 per goal in i-trac)</p> <input type="checkbox"/> College report card or transcript (B, C) <input type="checkbox"/> Verification of completion (A) <input type="checkbox"/> Other – see notes
<p style="text-align: center;">Strategies for Improvement</p> <input type="checkbox"/> Academic Advising <input type="checkbox"/> Meet individually with instructor/trainer <input type="checkbox"/> Transportation plan and back-up plan <input type="checkbox"/> College success class or workshop <input type="checkbox"/> Review class syllabus <input type="checkbox"/> Tutoring <input type="checkbox"/> Computer Tutorial <input type="checkbox"/> Secure books/tools/and supplies <input type="checkbox"/> Use a schedule to organize dates to remember <input type="checkbox"/> Financial aid counseling <input type="checkbox"/> Textbook loan if needed <input type="checkbox"/> Other – see notes	
<input type="checkbox"/> Preparation for Post-Secondary/Training Start: _____ Quantity: _____	
<p style="text-align: center;">Goal Type</p> <input type="checkbox"/> Enroll in college courses 100 level or above (A) <input type="checkbox"/> Enroll in college prep classes under 100 level (B) <input type="checkbox"/> Pre-apprenticeship preparation (C) <input type="checkbox"/> Secure financial assistance for education/training (D)	<p style="text-align: center;">Measurement of Improvements (1 per goal in i-trac)</p> <input type="checkbox"/> College schedule or registration (A, B) <input type="checkbox"/> Completed process for other financial assistance (D) <input type="checkbox"/> Completed FAFSA application (D) <input type="checkbox"/> Completed scholarship application (D) <input type="checkbox"/> Completed IDA enrollment (D) <input type="checkbox"/> Other – see notes <input type="checkbox"/> Completed pre/apprenticeship application process (C)
<p style="text-align: center;">Strategies for Improvement</p> <input type="checkbox"/> Apply for FAFSA PIN <input type="checkbox"/> Gather financial info for FAFSA/other aid <input type="checkbox"/> Research scholarships and other assistance <input type="checkbox"/> Attend a financial aid workshop <input type="checkbox"/> Gather material needed for apprenticeship app. <input type="checkbox"/> Tour college/vocational/apprenticeship programs <input type="checkbox"/> College success class or workshop <input type="checkbox"/> Meet with college counselor <input type="checkbox"/> Other – see notes <input type="checkbox"/> Complete/submit application for college/training <input type="checkbox"/> Meet with IDA Specialist <input type="checkbox"/> Complete placement tests <input type="checkbox"/> Register for college classes	
<input type="checkbox"/> Secondary Education Start: _____ Quantity: _____	
<p style="text-align: center;">Goal Type</p> <input type="checkbox"/> Credit Recovery (A) <input type="checkbox"/> HS Diploma (B) <input type="checkbox"/> GED (C)	<p style="text-align: center;">Measurement of Improvements (1 per goal in i-trac)</p> <input type="checkbox"/> Attainment of GED certificate (C) <input type="checkbox"/> Transcript indicating recovered credit (A) <input type="checkbox"/> High School Transcripts (B) <input type="checkbox"/> Other – see notes
<p style="text-align: center;">Strategies for Improvement</p> <input type="checkbox"/> Complete GED pretests with passing scores <input type="checkbox"/> Maintain attendance goal <input type="checkbox"/> Successfully complete credit recovery classes <input type="checkbox"/> Computer Tutorials <input type="checkbox"/> Meet with teacher for one-on-one assistance <input type="checkbox"/> Summer School <input type="checkbox"/> Earn passing grade in specific class <input type="checkbox"/> Night School <input type="checkbox"/> Tutoring <input type="checkbox"/> Enroll in secondary education program <input type="checkbox"/> Obtain current OR ID for GED testing <input type="checkbox"/> Use a schedule to organize dates to remember <input type="checkbox"/> Extra Homework <input type="checkbox"/> Register for GED testing <input type="checkbox"/> Other – see notes	
<input type="checkbox"/> Workplace/Career Readiness Start: _____ Quantity: _____	
<p style="text-align: center;">Goal Type</p> <input type="checkbox"/> Demonstrate work readiness skills (A) <input type="checkbox"/> Occupational skills training (OST) (B) <input type="checkbox"/> Structured work experience (C) <input type="checkbox"/> Work related experience (D)	<p style="text-align: center;">Measurement of Improvements (1 per goal in i-trac)</p> <input type="checkbox"/> C-TEC training certificate (D) <input type="checkbox"/> Record of work readiness training completion (A) <input type="checkbox"/> Completed job shadow or informational interview (D) <input type="checkbox"/> Successfully complete other work experience (C) <input type="checkbox"/> Industry recognized certificate/credential (B) <input type="checkbox"/> Successfully complete SMART internship (C) <input type="checkbox"/> National Career Readiness Certificate (NCRC) (A) <input type="checkbox"/> Verified volunteer hours (D) <input type="checkbox"/> Occupational License (B) <input type="checkbox"/> Other – see notes <input type="checkbox"/> Record of approved OST completion (B)
<p style="text-align: center;">Strategies for Improvement</p> <input type="checkbox"/> C-TEC orientations and trainings <input type="checkbox"/> EMP Youth Conference <input type="checkbox"/> Secure appropriate clothing for training/interviews <input type="checkbox"/> C-TEC work readiness training <input type="checkbox"/> Identify people for informational interview <input type="checkbox"/> Summer Youth Academy <input type="checkbox"/> Career exploration activities <input type="checkbox"/> Identify places to job shadow <input type="checkbox"/> Utilize WIN to increase skills <input type="checkbox"/> Classroom, workplace, or on-line OST <input type="checkbox"/> Leadership activities <input type="checkbox"/> Other – see notes <input type="checkbox"/> Create transportation plan <input type="checkbox"/> Obtain Food Handlers Certification <input type="checkbox"/> Driver permit and/or driver license <input type="checkbox"/> Obtain I-9 documentation	