

Student Educational Plan

Name _____ Social Security # _____

Address _____ City _____ Zip _____

Phone # _____ Alternate Phone _____

Please complete this form. The information will be used by our staff in developing a strategy to achieve your educational and/or employment goals.

1. What assets do you have?		
<input type="checkbox"/> Work well with people <input type="checkbox"/> Fast learner <input type="checkbox"/> Good with my hands <input type="checkbox"/> Good communication skills <input type="checkbox"/> Good attendance record <input type="checkbox"/> Good health	<input type="checkbox"/> Good grades in school <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> Some college <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor degree <input type="checkbox"/> Post graduate	<input type="checkbox"/> Reliable transportation <input type="checkbox"/> Effective resume <input type="checkbox"/> Knowledge of current labor market <input type="checkbox"/> Good work history <input type="checkbox"/> Good work references <input type="checkbox"/> Focused job/career goal

2. What are your personal goals? Prioritize the ones that are most important to you beginning with #1.	
Short term goals (3 months)?	Long term goals (one year)?
_____ Develop job specific skills _____ Develop work maturity skills _____ Create a wider network of friends/contacts _____ Make a personal budget _____ Establish a bank account _____ Earn money for school expenses _____ Earn money for personal use _____ Other (specify) _____	_____ Pass the Graduation Qualifying Exam (GQE) _____ Attain a high school diploma or GED _____ Make a resume _____ Get a job _____ Improve your work skills _____ Develop a post-secondary educational plan _____ Earn a technical certificate _____ Earn a college degree _____ Start a new career _____ Other (specify) _____

3. What may keep you from reaching your goals?		
<input type="checkbox"/> Age <input type="checkbox"/> Gender <input type="checkbox"/> Disability or poor health <input type="checkbox"/> Poor reading skills <input type="checkbox"/> Poor math skills <input type="checkbox"/> Poor writing skills <input type="checkbox"/> Lack of support/guidance <input type="checkbox"/> Weak communication skills	<input type="checkbox"/> Poor attendance <input type="checkbox"/> No transportation <input type="checkbox"/> No child care <input type="checkbox"/> No high school diploma <input type="checkbox"/> No training after high school <input type="checkbox"/> Previous offender <input type="checkbox"/> Substance abuse	<input type="checkbox"/> No technical training <input type="checkbox"/> Ineffective or no resume <input type="checkbox"/> No knowledge of current labor market <input type="checkbox"/> Weak work references <input type="checkbox"/> Lack of focused job/career goal <input type="checkbox"/> Lack of interviewing skills <input type="checkbox"/> Other _____

4. Check services that would benefit you.

<input type="checkbox"/> GED classes/testing <input type="checkbox"/> General education classes (reading, writing, math) <input type="checkbox"/> Tutoring: individual/small group <input type="checkbox"/> Technical training classes/testing <input type="checkbox"/> A.A.S. Degree classes/testing	<input type="checkbox"/> Child care assistance <input type="checkbox"/> Family counseling <input type="checkbox"/> Bus tickets <input type="checkbox"/> Substance abuse counseling	<input type="checkbox"/> Career interest inventory <input type="checkbox"/> Labor market information <input type="checkbox"/> Resume development <input type="checkbox"/> Job leads <input type="checkbox"/> Job search assistance <input type="checkbox"/> Practice interviewing
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5. Program or courses recommended by advisor.

	Course	Start Date	End Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

6. How do you rate the program?

AC/C TECH constantly strives to improve the quality of its training programs. Your evaluation will be beneficial towards achieving progression, so at the end of the course/program, we ask that you complete the questions listed below. The results will be shared with the instructional staff and management team. We value your time and your feedback. Thank you!

		Rating
1	I completed every assignment and understood the training materials.	
2	I increased my knowledge and developed specific skills.	
3	I felt encouraged to participate.	
4	I would pursue another course/program offered by this institution.	
5	I would encourage a friend or relative to participate in this course/program.	

I agree I agree to complete the courses listed above which are part of my educational and/or employment goals. I understand that I must notify AC/C TECH if I'm not able to participate as scheduled. I also understand the importance of staying in touch with the staff at AC/C TECH, usually on a monthly basis; and that I am required to inform them when I obtain employment. I agree to provide my employer's name, address, phone number, my job title, and wage rate. Furthermore, I understand that I may be contacted in the future regarding my satisfaction with the employment and/or training services.

Signature: _____

Date _____

Staff signature: _____

Date _____