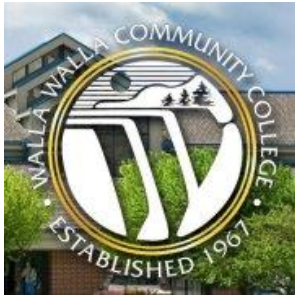


Individual Employment Plan



BASIC FOOD EMPLOYMENT & TRAINING PROGRAM

Name: _____ Student ID#: _____

I. ACADEMIC GOAL

Program of Study: _____

Program Start: (Quarter/Year) _____ Expected Completion: (Quarter/Year) _____

II. CAREER GOALS

What specific occupation are you working toward? _____

What interests you about this career? _____

What types of employers hire individuals in this occupation? (eg. hospitals, auto dealerships, etc.): _____

What do you expect to be doing after 5-10 yrs in that occupation? _____

Occupation's average salary range: \$ _____ (*careerbridge.wa.gov*)

III. EMPLOYMENT BACKGROUND

List any experience gained from employment, volunteer work and/or hobbies that is related to your desired career.

Please list any skills gained in past jobs that can be applied in your desired career (eg. customer service, typing, etc.).

IV. PERSONAL STRENGTHS

List your 5 strengths & abilities related to work and learning:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

V. ADDRESSING POTENTIAL BARRIERS

Consider any possible challenges you may encounter while attending college. Specifically address the following:

- a. Describe your existing support system (family, friends, and professional services) and how they will help you navigate personal challenges and family obligations while you are in school. _____

- b. If you will be working while attending school, how will you balance those schedules? _____

- c. Academic: Describe any concerns you may have about meeting the academic challenges you may experience with college-level work. _____

Plan: _____

- d. Financial: What steps have you taken or do you plan to take, to secure funding for education? _____

Plan: _____

- e. If you are not eligible for traditional financial aid (FAFSA), please explain why: _____

VI. ASSESSING YOUR RESOURCES

• HOUSING

How stable do you consider your current housing to be? (Will this change in the next 6-12 months?)

- Stable -- Permanent living in housing for longer than the next 12 months.
 Safe -- Living in housing sustainable for at least the next 12 months.
 Vulnerable -- Living in substandard housing; transitional housing; at risk of losing subsidized housing.
 In Crisis -- Living in emergency shelter; couch-surfing; at risk of losing housing with no other place to go.

• TRANSPORTATION

What is your transportation plan?

What is your backup plan?

• CHILDCARE

Do you have children? Yes No

If yes, do you require childcare while pursuing a certificate or degree? Yes No

If yes, names & ages of children needing childcare?

What is your childcare plan? _____

What is your backup plan? _____

• FINANCIAL MANAGEMENT SKILLS

Do you set and follow a budget? Yes No

Do you know how much money you need each month? Yes No

Do you have a checking and/or savings account? Yes No

Do you regularly balance your bank account? Yes No

Are you able to pay your bills each month? Yes No

How do you pay your bills?

Do you anticipate a shortfall each month while you're attending school? Yes No

What is your plan to address this shortfall?

• HEALTH CARE ACCESS

Do you have current medical coverage?

Yes No

If no, plan: _____

Do you have current dental coverage?

Yes No

If no, plan: _____

• PERSONAL CONCERNS

What types of things are going on in your life that could create road blocks or derail your education?

VII. COMMITMENT

By signing below, I agree to inform the BFET Coordinator if I change my program of study while enrolled in the BFET program. I understand that I will be required to update my employment plan at least annually or as circumstances change.

Student Signature: _____ Date: _____

VIII. ACTION STEPS AND/OR REFERRALS

