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| **General Information** |
| **Plan ID:** | **Name:** | **User ID:** |
| **Plan was started in Office Location:** | **Plan was started on:** | **Plan closed on:** |
| **Goals and Objectives Established:** |
| **Goal #** | **Program Affiliation (s)** | **Type of Goal** | **Term of Goal** | **Date Established** | **Estimated Date of Completion** | **Actual Completion Date** | **Status** |
| **1** |  |  |  |  |  |  |  |
| **Goal Description:**  |
| **Comments:**  |
| **Objectives to Goal #1** Request supportive service if needed, meet minimum attendance requirement, meet with case manager to address any barriers to completing training. |
| **Objective** | **Date Established** | **Review Date** | **Program** | **Staff** | **Status** |
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| **Comments:**   |
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| **Goal #** | **Program Affiliation (s)** | **Type of Goal** | **Term of Goal** | **Date Established** | **Estimated Date of Completion** | **Actual Completion Date** | **Status** |
| **2** |  |  |  |  |  |  |  |
| **Goal Description:**  |
| **Comments:** |
| **Objectives to Goal #2: Update resume, request supportive services, meet with AJC staff for job placement assistance if needed.** |
| **Objective** | **Date Established** | **Review Date** | **Program** | **Staff** | **Status** |
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| **Comments:**  |
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| **Goal #** | **Program Affiliation (s)** | **Type of Goal** | **Term of Goal** | **Date Established** | **Estimated Date of Completion** | **Actual Completion Date** | **Status** |
| **3** |  |  |  |  |  |  |  |
| **Goal Description:** |
| **Comments:** |
| **Objectives to Goal #3** |
| **Objective** | **Date Established** | **Review Date** | **Program** | **Staff** | **Status** |
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| **Comments:** |
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| **Goal #** | **Program Affiliation (s)** | **Type of Goal** | **Term of Goal** | **Date Established** | **Estimated Date of Completion** | **Actual Completion Date** | **Status** |
| **4** |  |  |  |  |  |  |  |
| **Goal Description:** |
| **Comments:** |
| **Objectives to Goal #4** |
| **Objective** | **Date Established** | **Review Date** | **Program** | **Staff** | **Status** |
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| **Comments:** |
|  |

Customer Signature

Staff Signature

Date

Date

Parent or Guardian Signature Date