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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:** | | | | | | | | | | |
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Customer Signature

Staff Signature

Date

Date

Parent or Guardian Signature Date