



COLLEGE AND CAREER BLUE PRINT

DATE: _____

AGENCY: _____

NAME: _____

PREFERRED NAME: _____

MY PERSONAL VISION (start with "I")

MY EDUCATION AND CAREER GOALS

Education History	Attending: Yes ___ No ___	Level/#of Credits
Name of School:	Dropped out of School:	Highest Grade Completed/Credits:
High School Diploma	GED	Vocational/College Certificate
College Degree	Apprenticeship Program	TABE Results:

Education Goal Categories				
Timeframe		Educational	Career	Personal
Short Term	0-3 months			
	3-6 months			

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Auxiliary aids and services are available upon request to individuals with disabilities

Attachment D

Long Term	6-12 months			
	12-24 months			

CAREER GOALS & INTERESTS

MY ACTIVITIES TO ACHIEVE MY GOALS

<i>Activities to Achieve Goals</i>	<i>Completed?</i>	<i>Activities to Achieve Goals</i>	<i>Completed?</i>
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No.		<input type="checkbox"/> Yes <input type="checkbox"/> No.
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

POSSIBLE OBSTACLES THAT COULD PREVENT ME FROM ACHIEVING MY GOALS

<i>What obstacle may arise that could keep me from my goals?</i>	<i>How can I eliminate these obstacles?</i>	<i>What resources are available to me? How do I identify resources?</i>

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MY JOB SKILLS

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MY "CHAMPION(S)" TO HELP ME WITH MY GOALS

Name	Relationship	Contact Information

I will achieve my college and career goals because:

Signature

Date

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Education and Career Advisor (Signature)

Youth Program Agency (PRINT)

Date

EDUCATION AND CAREER ADVISOR USE ONLY

Basic Skills Training

Date	1 st Upgrade	2 nd Upgrade	3 rd Upgrade	BS Achieved
Reading				
Language				
Math				

Monthly Review

Date	Initials	Date	Initials	Date	Initials

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