



**Career Advancement Goals**

What is/are your career goal(s)?

List the courses/programs and certifications that are needed to meet your goal?

- 1.
- 2.
- 3.

When would you like to complete your goal?	Target Date for completion	Actual Date of Completion

**Employment Goals**

If you are currently employed in desired field at the time of enrollment, please list:

- Name of company: \_\_\_\_\_
- Current position: \_\_\_\_\_
- Date of Hire: \_\_\_\_\_ Full/Part Time: \_\_\_\_\_

Please answer all that apply to you	Yes	No	Target Date	Actual Date
• Promotion from Current Employer				
• Retain current job that requires new skill set				
• Contribute to employer with performance/productivity gain				

If you are unemployed or not employed in desired field at the time of enrollment, list 3 places you would like to work after training is complete

- 1.
- 2.

List any barriers if any that you feel would prevent you from reaching your desired goal(s)?

- 1.
- 2.

Who can you depend on to support you throughout this goal and serve as an accountability partner(s)

- 1.
- 2.

What are your next steps/future goals?

*I understand that while I am a participant and receiving services, I am assured:*

1. Complete involvement in my WBF EDP
2. My plan will be updated regularly and as needed
3. I will receive a copy of my WBF EDP upon completion of the Plan

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

WBF Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only:**

Name of Program: \_\_\_\_\_ CRN: \_\_\_\_\_

Date of input in electronic system \_\_\_\_\_ Initials: \_\_\_\_\_