

## WAL-MART Brighter Future Employment Development Plan (EDP)



(To be completed by WBF 2.0 Staff and Participant)

Participant Name:

Date:										
Purpose: The EDP outlines a continuous process in which career goals and a plan of action is outlined by the participant and provides guidance in taking effective steps to enter a career of choice.										
Principles: The primary focus of the EDP is capture the participant's career goals and plan of action statement. It is a plan of progression that the participant advances through and sets the foundation for a larger career development process										
Intake (WBF Co	ordinator to complete services with star	t/end dates)								
☐ E Records (all)	Date									
☐ My Plan (all but GED) Date										
□ Workforce Connections (GED only) Date										
Basic Skills &	Job Readiness	Wrap Around Service	Training							
Literacy	500 Nead		8							
Training										
□ ESL	Career Centers	Towards Employment	□ STNA							
	□ Workshop	□ Network for Success	□ PAS							
		□WorkAdvance (background)	□ MIOA							
□ GED			□ NSS							
	□ My Plan		☐ CNC Composites							
	□ Job Search		☐ IT SST							
	□ College Central □ Interview Stream		☐ Truck Driving ☐ Mechatronics							
			□ Other							
	Ohio Means Jobs   Cuyahoga	CEOGC								
	Cnty	□ Mother Support								
	□ E-Records	☐ Tax Preparation								
	□ Orientation	□ Counseling	Cost of training paid by:							
İ		☐ Customer Service Training								
		□ VETS								
	Job Link Services	II de la companya de								
	☐ Workforce Connects	Urban League								
		□ SOAR Program								
		Job Link Services								
		□ U-PASS								
		☐ Tuition/Test Fee Support								
		1								

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 f	or	Actual Date of Completion				
Employment	t Goals								
If you are currently employed in desired field at the time of enrollment, please list:  Name of company:  Current position:  Full/Part Time:									
	ise answer all that apply to you	Yes	No	Target	t Date	Actual Date			
	tion from Current Employer current job that requires new skil	l sot							
	oute to employer with	1 301							
performance/productivity gain									
-	ployed or not employed in desire	d field at the time	of enrollment	, list 3 place	es you wo	ould 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									
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									
	or Signature		Da	ate					
Office Use Only:		60.	NI.						
	:lectronic system					_			
Date of input in e	rectionic system					 10-1-14			