

# CAREER DEVELOPMENT GOAL:

## Complete accredited vocational, sector-based training, or apprenticeship program\*

Complete this worksheet if the young person is vocationally inclined and has enrolled in an accredited vocational, sector-based training, or apprenticeship program.

REQUIRED STEPS (COMPLETE ALL)	COMPLETED?	DATE	PROGRESS NOTES
<input type="checkbox"/> Check-in with young person day before and/or morning of the first day	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Check-in with young person after the first day to debrief/reflect on experience	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Provide weekly emotional and persistence support	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Coach to build a relationship with the young person's "Primary Person" at that program; check in biweekly or as needed on attendance/performance	<input type="checkbox"/> YES <input type="checkbox"/> NO		

POTENTIAL STEPS (EXPLORE IF NEEDED/APPLICABLE)	COMPLETED?	DATE	PROGRESS NOTES
<input type="checkbox"/> Advocate for needed supports at program site	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Other	<input type="checkbox"/> YES <input type="checkbox"/> NO		

**\*ONCE GOAL IS COMPLETED:**

- Review additional Career Development Experiences/Activities on **page 14** and relevant Career Development Goals worksheets on **pages 85-125**.

GOAL TRACKING		
START DATE: _____	<b>GOAL COMPLETED</b>	<input type="checkbox"/> <b>GOAL CHANGED</b>
YOUTH NAME: _____	<input type="checkbox"/> <b>YES</b>   DATE COMPLETED: _____	DATE: _____
COACH: _____	NOTES: _____	NEW GOAL: _____
	<input type="checkbox"/> <b>NO</b>   NUMBER OF WEEKS COMPLETED: _____	NOTES: _____
	END DATE: _____	
<b>CERTIFICATIONS OBTAINED:</b>		

**ADDITIONAL NOTES**

A large empty rectangular box with a thin black border, intended for writing additional notes.