

CAREER DEVELOPMENT GOAL:

Participate in agency-based internship (e.g., Mentored Internship Program)

All young people should complete at least one career development experience/activity that is in line with their interests, strengths, needs, and academic situation.**

REQUIRED STEPS (COMPLETE ALL)	COMPLETED?	DATE	PROGRESS NOTES
<input type="checkbox"/> Apply to program	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Check-in with young person after the first session 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		

POTENTIAL STEPS (EXPLORE IF NEEDED/APPLICABLE)	COMPLETED?	DATE	PROGRESS NOTES
<input type="checkbox"/> Speak with young person about the benefits and program expectations	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Meet with internship Supervisor to discuss attendance/performance	<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**

**High school and college students should participate in an activity during the summer as well as during the school year, when possible.

GOAL TRACKING		
START DATE: _____	GOAL COMPLETED	<input type="checkbox"/> GOAL CHANGED
YOUTH NAME: _____	<input type="checkbox"/> YES PROGRAM NAME: _____	DATE: _____
COACH: _____	<input type="checkbox"/> NO LENGTH OF TIME ENROLLED: _____	NEW GOAL: _____
	DATE COMPLETED: _____	NOTES: _____
	END DATE: _____	

ADDITIONAL NOTES

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