CAREER DEVELOPMENT GOAL:

Engage in an ADDITIONAL Career Development Experience

Select this goal if the young person is simultaneously engaged in more than one internship, employment, job readiness program, sector-based training/vocational program, or extracurricular/leadership/community service activity.

For workforce training programs, refer to Appendix H9_Workforce Training Programs and the Buffalo Futures Hub.

REQUIRED STEPS (COMPLETE ALL)	COMPLETED?	DATE	PROGRESS NOTES
O Enroll in program/activity or obtain employment*	* O YES O NO		
O Check in with young person day before and/or method first day	orning of O YES O NO		
O Check-in with young person after the first day to or reflect on experience	debrief/ O YES O NO		
O Provide weekly coaching and support	○ YES ○ NO		Enter notes into CONTACTS section

^{**}Add relevant data to next page of this worksheet

POTENTIAL STEPS (EXPLORE IF NEEDED/APPLICABLE)	COMPLETED?	DATE	PROGRESS NOTES
O Discuss different program and job options with young person	O YES O NO		
O Call program site with young person to obtain more information, if applicable	O YES O NO		
O Visit program site with young person, if applicable	○ YES ○ NO		
O Speak with young person about the benefits and program/job expectations	○ YES ○ NO		
O Coach to build a relationship with the young person's "Primary Person" at the program; Check in on attendance/performance. ***	○ YES ○ NO		
O Other:	○ YES ○ NO		

^{***} Add Primary Person contact dates and notes to next page of this worksheet

***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:	GOAL COMPLETED	☐ GOAL CHANGED
YOUTH NAME:	□ YES PROGRAM NAME:	DATE:
	DATE COMPLETED:	NEW GOAL:
COACH:	□ NO NUMBER OF WEEKS COMPLETED:	NOTES:
	END DATE:	

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

TYPE OF CAREER DEVELOPMENT EXPERIENCE:			
NAME OF PROGRAM OR EMPLOYER			
INDUSTRY:			
PROGRAM OR JOB START DATE:	PROGRAM OR JOB END DATE:		
PROGRAM COMPLETED	EMPLOYMENT STATUS:		
PRIMARY PERSON NAME:			
JOB TITLE:	CONTACT INFO:		
CONTACT DATE	NOTES		
ADDITIONAL NOTES			