



## College and Career Plan

<i>Name</i>		<i>Student Number</i>
<i>What is your area of career interest?</i>		
<input type="checkbox"/> Health Care	<input type="checkbox"/> Computer Information Technology	<input type="checkbox"/> Industrial Engineering Systems
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Business Management	<input type="checkbox"/> Arts Information and Communication
<input type="checkbox"/> Construction	<input type="checkbox"/> Family and Human Services	<input type="checkbox"/> Natural Resources
	<input type="checkbox"/> Undecided/Unsure	<input type="checkbox"/> Other: _____
<i>What are your career goals?</i>		
<i>What are your education goals?</i>		
<i>If you have children, what are your childcare arrangements?</i>		
<i>What is your transportation plan for work and school? (mark all that apply):</i>		
<input type="checkbox"/> Bus <input type="checkbox"/> Carpool <input type="checkbox"/> Ride from Family or Friend <input type="checkbox"/> Bike <input type="checkbox"/> Walk <input type="checkbox"/> Drive		
<input type="checkbox"/> Unsure <input type="checkbox"/> Other (please explain): _____		
<i>Do you foresee any obstacles to reaching your education and/or career goals?</i>		
<i>What are some potential solutions to these obstacles?</i>		

<b>Activity Engagement Plan</b>			
<i>Activity (Please describe activities: classes, workshops, individualized appointments, etc.)</i>	No. of Hours	Start Date	Expected End Date
<b>Job Search</b>			
<b>Job Search Training</b>			
<b>Work Experience</b>			
<b>GED/ESL/Remediation</b>			
<b>Career Pathways</b>			
<b>Short-Term Training</b>			
<input type="checkbox"/> <b>Case Management/Career Coaching will be provided to support you in the above activities</b>			
<b>Note: If you are enrolled in alcohol and drug treatment (AA/NA/etc.) there may be different options available for you. Please talk with your DHS SNAP Case Manager for more information.</b>			
<b>We will help you with the following support services:</b>			
<i>If I am not able to participate as indicated above, I will contact my Career Coach. By signing below, I give permission for SWOCC to send my personal information to Oregon Department of Human Services (DHS) in order for me to participate in this grant-funded program.</i>			
<b>Student Signature:</b>		<b>Date:</b>	
<b>Staff Name:</b>		<b>Date:</b>	

Southwestern Oregon Community College does not discriminate on the basis of race, color, gender, sexual orientation, marital status, religion, national origin, age, disability status, gender identity, or protected veterans in employment, education, or activities as set forth in compliance with federal and state statutes and regulations.

The Department of Human Services (DHS) will not discriminate against anyone. This means DHS will help all who qualify. DHS will not deny help to anyone based on age, race, color, national origin, sex, sexual orientation, religion, political beliefs, or disability. You can file a complaint if you think DHS discriminated against you because of any of these reasons.

To file a complaint, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W. Washington D.C. 20250-9410 or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.