

Educational Goal Plan

EFFECTIVE July 1, 2013

Directions: Complete the blanks below. This form should be completed by the student and instructor. Both student and instructor signatures are required. A copy of this plan must be given to the student for reference and a copy must be retained by the Center.

I, _____, have selected the following follow-up goal(s):
Please Print Your Name

GOAL	GOAL DEFINITION	DATE SET	DATE MET
Educational			
<input type="checkbox"/> <u>Obtain HSEC Credential</u>	Achieve sufficient skills and credit hours to pass High School Equivalency Credential tests.		
<input type="checkbox"/> <u>Placement in Postsecondary Education or Job Training</u>	Achieve skills to enable enrollment in a postsecondary education program or job training program.		
<input type="checkbox"/> Improve Basic Literacy Skills	Improve overall basic literacy and numeracy skills.		
<input type="checkbox"/> Improve English Language Skills	Improve overall skills in the English language (e.g., speaking, reading, and writing).		
<input type="checkbox"/> Improve Basic Computer Literacy Skills	Obtain or increase basic computer operation skills based on educational, employment, or social needs.		
Economic			
<input type="checkbox"/> <u>Enter Employment</u>	Obtain full- or part-time paid employment.		
<input type="checkbox"/> <u>Retain Current Job</u>	Upgrade skills to enable retention of current job or improve employment status.		
<input type="checkbox"/> Obtain Career Readiness Certificate	Obtain a Gold-, Silver- or Bronze-level Career Readiness Certificate (CRC), covering the areas of Applied Mathematics, Reading for Information, and Locating Information, which ensures that an individual has certain foundational skills that are important across a range of jobs.		
Social			
<input type="checkbox"/> Obtain Citizenship Skills	Obtain skills to pass the U.S. citizenship test.		
Other			
<input type="checkbox"/> Family Literacy	Increase involvement in child(ren)'s education by assisting them with schoolwork, increasing contact with child(ren)'s teacher(s) and becoming more involved with child(ren)'s school activities.		
<input type="checkbox"/> Other Personal Goal	Any other goal related to instruction with a clearly definable outcome.		
	Your Personal Goal:		
Your Long-Term Goal:			

I understand that my goals, with the exception of my long-term goal, must be obtainable within the program year.

Student Signature

Date

Instructor Signature

Date