



TCEC Career Action Plan

Name:

Address:

Phone:

Email:

DOB:

Counselor:

Advisor:

Are you currently working? Where? When did you last work?

What would be your ideal job?

When do you think you will complete your high school diploma? (or how many classes do you need?)

Are you interested in ongoing training? Are you currently working with a Michigan Works office?

Do you have any current experience/skills or training certificates?

Do you have a resume? When did you last update it?

What are some things in your life that create challenges for you to work or go to school full-time? Part-time? (i.e. transportation, child care, hours, driver's license)

If you don't have a vehicle, what is your method of transportation?

What are some of the steps you will need to take to get your dream job?

Staff completing form: