

INDIVIDUAL TRAINING PLAN CalWORKs PROGRAM

Student: _____ **Student ID:** _____ **Case #** _____

ECM/ETA: _____ **Office** _____ **Phone Number** _____

Counselor: _____ **Phone Number:** 619-644-7552

Major: _____ Educational Goal: **Transfer**
 Cert. of Completion Cert. of Achievement A.S./A.A.
 Occupational Goal: _____ Projected Completion Date: _____ / _____ / _____
 Academic Term: _____ Term Dates: 1 / 27 / 20 to 6 / 1 / 20

COURSES	UNITS	LAB
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Units _____		

COLLEGE CURRICULAR ACTIVITIES	Hours/Week
Classroom Lecture _____	_____
Supervised Lab _____	_____
Supervised Tutoring/Study _____	_____
Work Experience/Internship _____	_____
Supplemental Instruction _____	_____
Other _____	_____
Other _____	_____
Total Hours/Week	_____

OTHER CalWORKs PARTICIPATION ACTIVITIES	Hours/Week	Total Activity Hours
Work Study (Subsidized Work) _____	_____	
Other _____	_____	Spouse Hours
Recommendations/Comments: _____		

SAMPLE Activity	Weekly Hours (NOA 116)						Total
	Mon	Tue	Wed	Thu	Fri	Sat	
Class/Lecture							
Supervised Lab							
Supervised Study							
Unsupervised Study							

I ACCEPT AND AGREE TO ADHERE TO THE PRESCRIBED PLAN AS INDICATED ABOVE.

Student Signature _____ Date _____

Counselor Signature _____ Date _____