



Work and Learning Success Plan

NATIONAL INSTITUTE FOR
WORK & LEARNING

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360
THE SCIENCE OF
IMPROVING LIVES

Work and Learning Success Plan

Participant Name:

D.O.B:

Case Manager, Mentor, Teacher and other Staff:

Date:

Projected End Date:

The Work and Learning Success Plan will assist each participant with self-exploration, assessment, planning and management to construct a plan for work and learning. The Self-Reflection portions of this plan (orange) should be completed independently and is an opportunity for participants to self-reflect. The Development Area portions (gray) are completed collaboratively through motivational interviewing and dialog between staff and the participant. Staff should also include all applicable information once any testing, orientation, and records are collected to frame the participant plan. The STEPS plan on page 5 should serve as a working plan to guide participants in achieving their goals and all parties should sign off to confirm the plan, as well as receive copies.

SELF-REFLECTION: WORK

My strengths related to work are:

Things I want to improve are:

What I will do to make this/these improvement(s):

Who can support me in achieving success and how can they support me (provide clear details and contact information):

The programs or activities that interest me are:

job shadowing apprenticeship internship paid work experience
restorative justice project or volunteering occupational skills training
job readiness/work preparation counseling financial literacy digital literacy
other, list:

My notes and ideas:

THRIVING Mark any challenges to your work success:

housing instability food insecurity health needs- physical or mental substance use
transportation finances childcare legal or list other:



DEVELOPMENT AREA: WORK

Employment Background: Previous Work Experience (Paid or Unpaid): Yes No

Previous positions held:

- 1
- 2
- 3

Employer/Organization Name:

- 1
- 2
- 3

Reference(s) Available:

- 1 Yes No
- 2 Yes No
- 3 Yes No

Previous Skills or Job Training programs: Yes No

Type of Training:

- 1
- 2
- 3

Record of Training: certificate/credential transcript N/A

Interest Assessments (Possible Tools: O*NET® Interest Profile, interest inventories):

Tool and Date Used:

Interests Identified:

NEXT STEPS for enrollment into job training or securing employment:



SELF-REFLECTION: LEARNING

My strengths related to learning are:

Things I want to improve are:

What I will do to make this/these improvement(s):

Who can support me in achieving success and how can they support me (provide clear details and contact information):

The programs or activities that interest me are:

credit retrieval reading remediation math remediation tutoring
academic counseling ESOL classes GED instruction college
other, list:

My notes and ideas:

THRIVING Mark any challenges to your learning success:

housing instability food insecurity health needs- physical or mental substance use
transportation finances childcare legal or list other:



DEVELOPMENT AREA: LEARNING

Current School/Program:

Previous School(s):

Highest Level of School Completion:

primary/middle high school some college college

Credits Earned: Anticipated Date of Graduation (if applicable):

Last academic test name and date of testing: test: date:

reading level:

writing level:

spelling level:

math level:

IEP: Yes No | 504 Plan: Yes No | ESOL: Yes No | Behavior Plan: Yes No

What would you like to do next related to learning?

Which of these learning opportunities are you interested in (indicate below)?

- exploring educational institutions or programs
- applying for financial aid
- learning about college options
- improving skills gaps
- taking national exams (Ex: SAT, ACT)
- preparing a personal statement or essay
- financial literacy
- digital literacy
- other, list:

How can this program support you with these plans?

NEXT STEPS for engagement with school or community college partner:



STEPS Success Plan

Shifting from **S**urviving to **T**hriving with **E**mployment and **P**ersonal **S**uccess

1. Together, the staff and program participant will fill in the below STEPS, finalizing next steps, programs and services. A sample STEPS is included for staff and the participant to review.
2. At the top of each step, indicate victories (short-term goals completed) that will indicate that you are on track. Refer to the “Next Steps” sections in the Work and Learning Success Plan to map out steps to reach your victory and a projected date of completion. Document the incentive or recognition that will directly link to that victory.
3. Describe the support needed for each victory. Refer to the “Thriving” sections in the Work and Learning Success Plan in orange and also the people that you listed as supporters.
4. Staff and participants should sign and date the STEPS and receive copies.
5. Formal check-ins should occur at least monthly to adjust the STEPS as needed and celebrate the victories by circling the completion of each of the STEPS.

QUOTE OR PERSON THAT INSPIRES YOU:



STEPS Success Plan

S

People or support service needed to achieve this victory:

Projected Date:
Date achieved:
Incentive:

Victory:

T

People or support service needed to achieve this victory:

Projected Date:
Date achieved:
Incentive:

Victory:

E

People or support service needed to achieve this victory:

Projected Date:
Date achieved:
Incentive:

Victory:

P

People or support service needed to achieve this victory:

Projected Date:
Date achieved:
Incentive:

Victory:

S

People or support service needed to achieve this victory:

Projected Date:
Date achieved:
Incentive:

Victory:

Participant Name:

Participant Signature:

Staff Signature:

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