

## EMPLOYMENT AND CAREER DEVELOPMENT PLAN (ECDP)

Participant's Name *(Last, First, M.I.)* \_\_\_\_\_ JAS ID NO. \_\_\_\_\_

SNA E&T Specialist's Name \_\_\_\_\_

Phone NO. and Area Code \_\_\_\_\_ ECDP Type \_\_\_\_\_

Initial ECDP Date \_\_\_\_\_ ECDP Revision Date \_\_\_\_\_

Participant's Email Address \_\_\_\_\_

Short-Term Employment Goal *(Describe the steps to this goal)* \_\_\_\_\_

Career Goal *(Describe the steps to this goal)* \_\_\_\_\_

### ACTIVITY / ACTIVITIES

ACTIVITY	PROVIDER NAME / LOCATION	BEGINNING DATE	ENDING DATE

### ENTER HOURS SCHEDULED PER DAY

SAT	SUN	MON	TUES	WED	THURS	FRI	TOTALS

### SUPPORT SERVICES

SUPPORT SERVICE	PROVIDER NAME/LOCATION	BEGINNING DATE	ENDING DATE	PURPOSE OF REFERRAL

Comments *(If applicable, describe the needs of other family members that may be addressed through the SNA E&T Program)*

**STATEMENT OF UNDERSTANDING**

I understand that the ECDP is required for participation in the SNA E&T Program. This ECDP was developed by a SNA E&T Specialist and myself and contains activities and services that we agree will help me become self-sufficient. I know that this ECDP is not a contract. I understand that it can be changed if my situation changes or if the SNA E&T Program resources change. I will notify SNA E&T staff if I want to change this plan. My signature below indicates that I understand this ECDP.

SNA E&T Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

SNA E&T Specialist's Signature \_\_\_\_\_ Date \_\_\_\_\_

---

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. Auxiliary aids and services are available upon request to individuals with disabilities. To request this document in alternative format or for further information about this policy, Contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.