

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 _____