# SkillUP Grant: Student Success Plan Assessment/Employment Plan/Student Expectations

## Student Name Date Student A#

***Successful students think in advance about their goals and the realities of their lives to assess if they are ready to succeed and complete their program.***

### EDUCATION BACKGROUND:

Background: Check highest level of education attained so far:

Need to take HiSet

HS Diploma/GED /HiSet

Some college or Associates Degree in

Technical/career/trade school Field of study

Bachelor’s Degree or beyond in

*Learning Challenges: If you have had any challenges learning in the past, please ask about a referral for support services.*

**\****Those with a current degree, certificate or credential in a career field may not be eligible to participate in the SkillUP grant. The decision will be made by the state.*

### CAREER/JOB BACKGROUND:

**Desired Career Pathway**

What is your job/career long term goal?

**Job Background**-fill in all blanks that apply to you:

I am not working at this time.

I am currently working as Hours: (Circle)

weekends am pm to am pm evenings am pm to am pm

nights am pm to am pm

Assessing your work schedule, do you have time to attend class? When will you study?

### REALITIES—X if you have a plan for

* Attendance. First key to success is showing up-ATTEND EVERY CLASS!
* Transportation –Circle: bus car carpool rides
* Childcare/childcare if children are ill
* Time for studying outside of class, if required in the program
* Support: Who is helping you to succeed?
* How will you adjust work schedule, if needed?

### X IF YOU NEED HELP WITH

Transportation Childcare School related expenses

Personal or family challenges you’d appreciate help managing. Your answer is confidential. I’ll contact you about this.

Any other questions/concerns related to completing you educational goals?

# STUDENT EXPECTATIONS

I, understand and agree to the SkillUp Grant Employment program

rules.

Student’s Name-Print

## I will follow my employment plan stated below.

* Once I have completed the program I am aware that I must look for and obtain a job in the field I received my training.
* I also understand it is my job to check-in with my STLCC SkillUP navigator regularly while I am in class, and that the SkillUP navigator will contact me regarding how class is going, ask if I am in need of any help, and direct me to resources for help.
* I understand that the navigator will contact me at 30, 60, and 90 days after I complete the class. The navigator will assist with my job search, obtaining a job, and will ask for my starting wage information.

### STUDENT EMPLOYMENT PLAN:

**Short Term Training Goal:** To obtain enrollment into the program below at STLCC (circle) ACE Personal Trainer CISS HVAC Operator I Medical Assistant

Patient Care Technician Truck Driving – Class A CDL

### Objectives:

* + Enroll in program.
	+ Attend every class session.

**Long Term Employment Goal:** To obtain a job in the chosen program field and to become self-sufficient without the benefit of government assistances within a year.

### Objectives:

* + Successfully complete the program.
	+ Take and pass the state licensing test, if applicable to program
	+ Search for and obtain a job by contacting employers, completing a resume, filling out online applications, and preparing to interview.

**Working Goal:** I am looking for my starting pay to be approximately

CDL-A $40,000 yearly CISS $12-15 hr. PCT $10-12 hr. MA $13-15 hr. ACE Personal Trainer $35,000 yearly HVA Operator $10-15 hr.

to obtain the ability to provide for my family.

Student’s Signature Date

Staff Member Date