

Action Plan My Employment Project



Name: _____

Date: _____



Action Plan

Year:

Dream:		
Goal(s):		
	Actions or Approaches	Timeline
Student	_____	_____
Parents	_____	_____
School Staff Member	_____	_____
Other Facilitators	_____	_____



Participants present at the meeting:

Student _____		
Parents _____		
School Staff _____		Role: _____
Other Facilitators _____		Role: _____