

Tribal Learning Assistance Program

Individual Success Plan

The purpose of this Individual Success Plan is to meet the goal of employment through specific action steps. You will be required to follow the steps developed in your ISP. You and your Case Manager will work together on activities and/or referrals developed in this plan to promote self-sufficiency.

Name: _____ Case Manager: _____

Date of Plan: _____ Next plan renewal date: _____

Education Needed for Career Plan:

High School Diploma/ GED Associates (2 yr.) Bachelors (4 yr.) Masters

Doctoral Licensure Certification

Other: _____

Describe the kind of job you would like to work in now and any training/education that may be necessary to gain employment:

Describe the short-term goal(s) you'd like to achieve (less than 3 months from now):

Action step(s) to reach short-term goal (what, when, and how):

1 _____

2 _____

3 _____

4 _____

Describe the long-term goal(s) you'd like to achieve:

Action step(s) to reach long-term goal (what, when, and how):

1 _____

2 _____

3 _____

4 _____

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Agreement of Understanding:

Any services and financial assistance provided through the Education Division is temporary in duration and is dependent upon available funding. Enrollment in services is based on priority of those participants who are most in need of services and availability of funding. Services requested must align with Participant's educational and/or employment goals.

Participants must commit to fulfilling their Individual Success Plan. Participants must meet with their Case Manager to update an Individual Success Plan, if there is a change (deliberate or not) in goals.

Client's Signature: _____ Date: _____

Verified by Case Manager Signature: _____ Date: _____