

College and Career Plan

<i>Name</i>	<i>Specific Career Interest</i>
<p><i>What is your general area of career interest?</i></p> <div> <input type="checkbox"/> STEM <input type="checkbox"/> Applied Technology <input type="checkbox"/> Arts, Humanities & Communication </div> <div> <input type="checkbox"/> Business <input type="checkbox"/> Health Professions <input type="checkbox"/> Continuing Education – non credit </div> <div> <input type="checkbox"/> Education <input type="checkbox"/> Public safety <input type="checkbox"/> Information Technology </div> <div> <input type="checkbox"/> Undecided/Unsure </div>	
<p><i>What are your career goals?</i></p>	
<p><i>What are your education goals?</i></p>	
<p><i>If you have children, what are your childcare arrangements?</i></p>	
<p><i>What is your transportation plan for work and school? (mark all that apply):</i></p> <div> <input type="checkbox"/> Bus <input type="checkbox"/> Carpool <input type="checkbox"/> Ride from Family or Friend <input type="checkbox"/> Bike <input type="checkbox"/> Walk <input type="checkbox"/> Drive </div> <div> <input type="checkbox"/> Unsure <input type="checkbox"/> Other (please explain): _____ </div>	
<p><i>Do you foresee any obstacles to reaching your education and/or career goals?</i></p>	
<p><i>What are some potential solutions to these obstacles?</i></p>	

STEP Activity Engagement Plan			
Activity <i>(Please describe activities: classes, workshops, individualized appointments, etc.)</i>	No. of Hours	Start Date	Expected End Date
Supervised Job Search			
Job Search Training			
Hands-on: Apprenticeship/Pre-App; Internship, or Work Experience			
Education: (List component—short-term training, CTE, etc.)			
Job Retention			
<input type="checkbox"/> Case Management/Career Coaching will be provided to support you in the above activities			
We will help you with the following support services:			
<i>If I am not able to participate as indicated above, I will contact my STEP Advisor. By signing below, I give permission for RCC to send my personal information to Oregon Department of Human Services (DHS) in order for me to participate in this grant-funded program.</i>			
Student Signature:		Date:	
Staff Signature:		Date:	

Disability Services

Any student who feels that he or she may need academic accommodations for a disability, such as vision, hearing, orthopedic, learning disabilities, psychological or other medical conditions, should make an appointment with the Disability Services Office. Redwood Campus (Wiseman Tutoring Center): Phone: 541-956-7337; Fax: 541-471-3550; Oregon Relay Service: 7-1-1, Riverside and Table Rock Campuses (main office: Riverside Campus B-9): Phone: 541-245-7537; Fax: 541-245-7649; Oregon Relay Service: 7-1-1, For more information, go to <http://www.roguecc.edu/disabilityservices/>.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights; Room, 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider employer and lender.