CAREER DEVELOPMENT PLAN OPTIONS

Welcome to the Washington State LiLA Program! One of the key features of the LiLA program is development of a personal Career Development Plan (CDP). The CDP is designed to assist you in making informed decisions for using your LiLA account to further your education or training.

Employee Information

Name: ______________________________________________________________________________________________________________________________________________________________________________________

Mailing address: _________________________________________________________________________________________________________________________________________________________________________________________________________

City: _____________________________________________________________________________________ State: ___________________________ Zip code: _______________________

Home email address: __________________________________________________________________________________________________________________________________________________________________________________________________________

Home phone: ( ) ________________________ Cell phone: ( ) ____________________________

Name of employer: _______________________________________________________________________________________________________________________________________________________________________________________________________________

Please continue to the reverse side of this form to complete Step 1 - Select your option for creating your LiLA Career Development Plan.

For more information, please contact:

Workforce Training and Education Coordinating Board
Attn: Mike Brennan, LiLA Program Administrator
P. O. Box 43105
Olympia, WA 98504-3105
Phone: 360.586.8683
Email: mike.brennan@wtb.wa.gov
**Step 1 - Select Option for Completing Career Development Plan**

You can choose one of two options for completing your Career Development Plan. Please answer the questions below before deciding which option is best for you.

1. I am clear on my education and training goals and know the type of courses or programs I need to reach my career goals.  
   - Yes  
   - No

2. I am comfortable using the internet to download forms or use search engines (i.e. Google, Yahoo, etc.) to find career related information.  
   - Yes  
   - No

3. I would prefer to complete my Career Development Plan on my own with the understanding that I can request the help of a career advisor at any time.  
   - Yes  
   - No

4. I would prefer to be assigned a career advisor at no cost to help me explore my career options and make choices about my education and training.  
   - Yes  
   - No

If you answered Yes to questions 1, 2 and 3, you may want to consider electing Option A for self-directing completion of your Career Development Plan. If you answered No to questions 2 and/or 4, you may want to select Option B and you will be assigned a career counselor to assist you in making informed decisions.

I have reviewed the options above and am electing to use:

- [ ] Option A – Self-Directed Completion. I am clear on my career and education goals and need minimal assistance in completing my Career Development Plan. I also understand that Web links are available at [www.Lila.wa.gov](http://www.Lila.wa.gov) to assist my research and I can receive the assistance of a career advisor if I need assistance.

- [ ] Option B – Advisor Assisted Completion. I would like a LiLA Representative to direct me to a career advisor in my area for help in completing your Career Development Plan. I understand that the career advisor will not charge me for the assistance provided.

**Note:** To change your CDP completion option at any time, contact the LiLA Program Administrator at (306.586.0151) for assistance.

**SIGNATURE**

I have read and understand my options for completing my LiLA Career Development Plan. I further understand that I can change my option at any time.

Name (Please Print)

Signature  
Date

Please return this form to your employer along with your LiLA Employee Enrollment Form.

Thank you!
CAREER DEVELOPMENT PLAN

EDUCATION & TRAINING GOALS
(To be completed and submitted within three months of enrollment)

Please answer all questions.

Participant Information

Name: ____________________________________________________________

Name of employer: ________________________________________________

Education History

2. List other education or training activities you’ve completed since high school or college.

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

Current Education and Training Activities

3) Are you currently enrolled in college or an education or training program? Yes □ No □
   If yes, please indicate the activity below by checking all that apply and complete questions 4 – 8.
   □ High school diploma or GED
   □ Associate’s degree in ________________________________
   □ Vocational certificate (one year of less) __________________________
   □ Bachelor’s degree in ________________________________
   □ Master’s degree or higher in ________________________________
   □ Doctorate degree in ________________________________
   □ Prerequisite class(es) in ________________________________
   □ Class(es) for personal interest or hobby __________________________
   □ For-credit classes for professional development __________________________
   □ Non-credit seminar or workshops __________________________
   □ English language classes __________________________
   □ Other, please describe ____________________________________________

4) Name of current education/training provider: ________________________________

5) Name of the program/courses you are taking? ________________________________

6) Are you enrolled: Full-time □ Part-time □

7) Expected completion date: ________________________________

8) Are you planning to use your LiLA to complete your program? Yes □ No □
**Education & Training Goals (Continued)**

**Work History, Skills & Interests**

1) What types of jobs have you performed? For what type of business?

<table>
<thead>
<tr>
<th>Type of Job</th>
<th>Type of Business</th>
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</tbody>
</table>

2) What types of personal and basic skills help you perform your current job?

<table>
<thead>
<tr>
<th>Personal Skills</th>
<th>Basic Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Examples: Cooperation, creativity, good attitude, drive, optimism, safe work habits, teamwork)</td>
<td>(Examples: Reading, writing, math, speaking, listening, problem solving, decision making)</td>
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</table>

3) What are your areas of greatest interest? Include hobbies, passions, leisure activities, and more.

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

4) What type of jobs are you most interested in? (for ideas please refer to your Where Are You Going? A guide to careers and education in Washington State; in addition to visiting [www.careerbridge.wa.gov](http://www.careerbridge.wa.gov))

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

5) What areas of skill development, education or training does your current employer need most?

____________________________________________________________________________________________
____________________________________________________________________________________________

**Career Goals**

1) What are your career goals? (What would you like to become?)

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
Education & Training Goals (Continued)

2) What are your career goals related to? (Check all that apply)

☐ My current position
☐ A higher level position with my current employer
☐ Advancement within my current industry
☐ Education or training needed to change careers

3) Where are you in relation to your career goals?

☐ Haven’t started
☐ Have taken a few steps
☐ Halfway there
☐ Almost there

4) What is the projected job market for your chosen career goals?

☐ Short-term rapid growth
☐ Long-term growth and stability
☐ Stable (small growth or decline)
☐ Subject to economic up and down swings
☐ Possible short-term decline
☐ Possible long-term decline
☐ Don’t know

5) What do you want to accomplish by establishing a LiLA account?

☐ Improve skills related to my current position
☐ Advance to a higher level position with my current employer
☐ Advance within my current industry
☐ Receive education or training needed to change careers
☐ Don’t know

6) What type of education or training would you like to pursue?

☐ High school diploma or GED
☐ Associate’s degree in __________________________
☐ Prerequisite class(es) in ________________________
☐ Bachelor’s degree in __________________________
☐ Class(es) for personal interest or hobby
☐ Master’s degree or in higher in __________________
☐ For-credit classes for professional development
☐ Vocational certificate (one year of less)
☐ Non-credit seminar or workshops
☐ Other, please describe________________________
☐ English language classes
☐

Readiness

1) When will you be ready to start your education or training?

☐ Within 1 year
☐ In 2-3 years
☐ In 4-6 years
☐ Need to take refresher classes
☐ Need to take language skills classes
Education & Training Goals (Continued)

2) What types of challenges do you anticipate in continuing your education or training?
   - Check or identify any/all types of potential challenges you anticipate
   - List the strategies and/or resources necessary to overcome those challenges
   - Using a scale of 1-10, with 1 being “not a significant challenge” and 10 being “a very significant challenge,” please rate each barrier in terms of how you think it will hinder your progress.

<table>
<thead>
<tr>
<th>Type of Challenge</th>
<th>Ways to Overcome</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Taking time off from work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Finding time outside of work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Additional financial help</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Child or elder care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Transportation</td>
<td></td>
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<td>☐</td>
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</tr>
</tbody>
</table>

4) Use the chart below to list the action steps you will take and timelines for completion in preparation for continuing your education or training.

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<tr>
<td>2.</td>
<td></td>
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<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
</tbody>
</table>

*Please Note: signature requested on following page.*
Education & Training Goals (Continued)

Please sign/submit using the CDP option selected:

**Option A: Self-Directed**

Participant signature ____________________________________________________________________________ Date ________________

☐ Email Submission ☐ Fax Submission ☐ USPS Mail

**Option B: Career Advisor Assisted**

Participant signature ____________________________________________________________________________ Date ________________

Career advisor name _________________________________________________________________________ School/Center _______________ Date ________________

☐ Personal Interview ☐ Phone Interview

Send this form to: Workforce Training and Education Coordinating Board
Attn: Mike Brennan, LiLA Program Administrator
128 - 10th Avenue, SW
Olympia, WA 98504-3105
Phone: (360) 709-4616
Email: mike.brennan@wtb.wa.gov
PLAN FOR USING LiLA FUNDS

Please complete all areas of requested information AT LEAST 30 DAYS PRIOR TO Registering for education and training activities.

Participant Information

Name: ____________________________________________________________

Employer: _______________________________________________________________________________________________________________________________________________________________________________________________

Education/Training

Name of education/training provider: ____________________________________________________________________________________________________________________________________________________

Program / Class __________________________________________________________________________________________________________________________________________________________________________________________________

Education/Training start date: _____________________________________________________

1) What is your goal in enrolling in the program or class?

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________.

3) Are you enrolling:      Full-time □   Part-time □   Other □

4) Expected completion date: ________________________________________________

5) Number of semester/quarter hour credits you expect to earn: ___________________________
**PLAN FOR UTILIZING LiLA FUNDS (Continued)**

**Budget**

1) Please list the estimated or actual costs (if known) for the education or training activity you will be using your LiLA account for.

<table>
<thead>
<tr>
<th>Purpose/Use</th>
<th>Estimated/Actual Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition (credit or non-credit courses)</td>
<td>$ ____________________</td>
</tr>
<tr>
<td>Registration fees for seminars or workshops*</td>
<td>$ ____________________</td>
</tr>
<tr>
<td>Course supplies and equipment*</td>
<td>$ ____________________</td>
</tr>
<tr>
<td>Books</td>
<td>$ ____________________</td>
</tr>
<tr>
<td>Distance/online learning courses</td>
<td>$ ____________________</td>
</tr>
<tr>
<td>Credit for Prior Learning Assessment (PLA)</td>
<td>$ ____________________</td>
</tr>
<tr>
<td>Lab or other education-related fees</td>
<td>$ ____________________</td>
</tr>
<tr>
<td>Apprenticeship program educational costs</td>
<td>$ ____________________</td>
</tr>
<tr>
<td>Test-outs (such as CLEP exam)</td>
<td>$ ____________________</td>
</tr>
<tr>
<td>Adult Basic Education/English as a Second Language courses</td>
<td>$ ____________________</td>
</tr>
<tr>
<td>Parking fees (when required by provider)</td>
<td>$ ____________________</td>
</tr>
<tr>
<td>Other education-related fees</td>
<td>$ ____________________</td>
</tr>
</tbody>
</table>

**TOTAL ESTIMATED/ACTUAL COST** $ ____________________

**BALANCE OF LiLA ACCOUNT (Date: ___/___/_____)** $ ____________________

* Career related workshops/seminars provided by private or professional organizations/institutions
** May include purchase of computer if required in the course syllabus

2) If your estimated cost of education is greater than your LiLA account balance, how do you plan to finance the difference?  
____________________________________________________________________________________________________________________________________________________________________

**Paying for Education or Training**

Indicate which of the following options you will use to pay for your education or training:

- **Option 1: Request for savings withdrawal.** I am requesting a withdrawal from my LiLA account prior to beginning my education or training activity. Attached is my *LiLA Request for Withdrawal - Form F*.

- **Option 2: Request for Reimbursement.** I will be requesting reimbursement for my approved education or training activity. To receive reimbursement, up to the amount in my LiLA account, I will be submitting *LiLA Request for Reimbursement - Form G*.

Please sign and submit

Participant signature ___________________________ Date ___________________________

Submit To: Workforce Training and Education Coordinating Board  
Attn: Mike Brennan, LiLA Program Administrator  
128 - 10th Avenue, SW  
Olympia, WA 98504-3105  
Phone: 360.586.8683  
Email: mike.brennan@wtb.wa.gov
CAREER DEVELOPMENT PLAN

REVIEW OF LiLA LEARNING ACTIVITY

Please complete and submit WITHIN 30 DAYS FOLLOWING COMPLETION of education and training activities.

Participant Information:

LiLA Participant ID Number: (Assigned by LiLA Program Coordinator): ___________________________

Name: ____________________________________________

Mailing address: ______________________________________

City: ___________________________________________ State: ___________________ Zip code: ____________

Home email address: ______________________________________________________________

Home Phone: ( ) ___________________________ Cell phone: ( ) ___________________________

Education/Training Provider

Name of education/training provider: __________________________________________________________

Address: ________________________________________________________________

City: ___________________________________________ State: ___________________ Zip code: ____________

2) Education/training completion date: _____________________________

3) What progress did you make toward achieving your education or training goals? (Check all that apply)

☐ Earned high school diploma or GED
☐ Earned vocational certificate (one year or less) in: ____________________________
☐ Earned associate’s degree in _____________________________________________
☐ Earned bachelor’s degree in _____________________________________________
☐ Earned master’s degree in _______________________________________________
☐ Earned doctorate in _____________________________________________________
☐ Completed class leading to degree/certificate in _____________________________
☐ Completed apprenticeship classes in _______________________________________
☐ Completed prerequisite class(es) in _________________________________________
☐ Completed continuing education class(es) in _________________________________
☐ Completed class(es) for personal interest or hobby ___________________________
☐ Completed credit classes for professional development in ____________________
☐ Completed non-credit seminar or workshops in ______________________________
☐ Competed English language classes _________________________________________
☐ Other, please describe _____________________________________________________

3) I was enrolled: ☐ Full-time ☐ Part-time ☐ Other

4) Number of semester/quarter hour credits you earned (If applicable): __________________________
REVIEW OF LiLA LEARNING ACTIVITY (Continued)

Career Goals

1) How has your LiLA funded education or training activity helped you in reaching your career goals? (Check all that apply)
   - No change
   - Assisted with my professional development
   - Increased my skills necessary to do my current job
   - Increased my potential for higher level position with my current employer
   - Received a promotion from my current employer
   - Helped me to advance within my current industry
   - Advanced to a higher level within my current industry
   - Helped me get started on the education or training needed to change careers
   - Provided education or training needed to change careers
   - Received industry certification or license
   - ____________________________________________________________________________
   - ____________________________________________________________________________

6) Where are you now in relation to your career goals?
   - Just started
   - Have taken a few steps
   - Halfway there
   - Almost there

7) What is the greatest benefit you received from establishing a LiLA account?
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

8) Would you recommend establishing a LiLA account to a friend or colleague?  
   - Yes [ ]  No [ ]

9) What recommendations do you have for improving the LiLA program?
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

Participant signature ___________________________  Date ____________________________

Submit To: Workforce Training and Education Coordinating Board
Attn: Mike Brennan, LiLA Program Administrator
128 - 10th Avenue, SW
Olympia, WA 98504-3105
Phone: 360.586-8683
Email: mike.brennan@wtb.wa.gov