



For Internal Use Only
LiLA Participant # _____
Date Received _____
Date Approved _____

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 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!



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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.

- | | |
|--|--|
| <input type="checkbox"/> High school diploma or GED | <input type="checkbox"/> Prerequisite class(es) in _____ |
| <input type="checkbox"/> Associate's degree in _____ | <input type="checkbox"/> Class(es) for personal interest or hobby |
| <input type="checkbox"/> Vocational certificate (one year of less) | <input type="checkbox"/> For-credit classes for professional development |
| <input type="checkbox"/> Bachelor's degree in _____ | <input type="checkbox"/> Non-credit seminar or workshops |
| <input type="checkbox"/> Master's degree or higher in _____ | <input type="checkbox"/> English language classes |
| <input type="checkbox"/> Doctorate degree in _____ | <input type="checkbox"/> 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?

Type of Job	Type of Business

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

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

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)

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?

- | | |
|--|--|
| <input type="checkbox"/> High school diploma or GED | <input type="checkbox"/> Prerequisite class(es) in _____ |
| <input type="checkbox"/> Associate's degree in _____ | <input type="checkbox"/> Class(es) for personal interest or hobby |
| <input type="checkbox"/> Bachelor's degree in _____ | <input type="checkbox"/> For-credit classes for professional development |
| <input type="checkbox"/> Master's degree or in higher in _____ | <input type="checkbox"/> Non-credit seminar or workshops |
| <input type="checkbox"/> Vocational certificate (one year of less) | <input type="checkbox"/> English language classes |
| <input type="checkbox"/> Other, please describe _____ | <input type="checkbox"/> |

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.

Type of Challenge	Ways to Overcome	Rating
<input type="checkbox"/> Taking time off from work		
<input type="checkbox"/> Finding time outside of work		
<input type="checkbox"/> Additional financial help		
<input type="checkbox"/> Child or elder care		
<input type="checkbox"/> Transportation		
<input type="checkbox"/>		

- 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.

Action Step	Timeline
1.	
2.	
3.	
4.	
5.	
6.	
7.	

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

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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.

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



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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 _____
- Completed 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 _____

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