Job Search Plan

# **Contact Information**

Organization:       Date:

Employment Specialist:       Phone Number:

Consumer Name:       Case Number:

OVR Counselor:

# **Consumer Goals**

Consumer Career Goals, Job Preferences *(In Consumer’s own words)*:

Consumer Strengths Related to Career Goals:

#  **Objective #1**:

Person Responsible:

Frequency:

Target Date:

# **Objective #2**:

Person Responsible:

Frequency:

Target Date:

# **Objective #3**:

Person Responsible:

Frequency:

Target Date:

# **Objective #4:**

Person Responsible:

Frequency:

Target Date:

#  Employment Specialist Signature/Date:

 *By electronically signing this form, the Employment Specialist verifies that the Consumer has full knowledge and agrees with this plan.*

*OVR Revised 12-21-18*