

Plan of Career Exploration

CID#:
Individual's Name: _____ Date: _____

EC Name: _____ DRS Counselor: _____

Contractor Name: _____

****Email the Plan of Exploration to the DRS Counselor for approval prior to performing the Exploration Activities. If no response within 5 working days, the Contractor may proceed with planned work exploration activities.***

Exploration activities include but are not limited to: **job shadowing, business tours, informational employer interviews, job sampling, trial work experiences, volunteer experiences and situational assessments.** The Contractor will provide the individual with opportunities for **at least three (3) or more different exploration activities for up to forty (40) hours.**

Goal(s) for Exploration Activities: _____

Vocational Goal or Interest Area	Exploration Activity	Exploration Site (Business/Employer Name, Address)	Total Time Planned for Activity

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Vocational Goal from IPE or Interest Area	Exploration Activity	Exploration Site (Business/Employer Name, Address)	Total Time Planned for Activity

Additional Comments:

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DRS Counselor: _____

Date: _____