



ALEXANDRIA / ARLINGTON REGIONAL

# Workforce Council

## INDIVIDUAL TRAINING PLAN

Participant Name \_\_\_\_\_

Training Provider \_\_\_\_\_

Course/Program \_\_\_\_\_

Training Start Date \_\_\_\_\_

Training End Date \_\_\_\_\_

**Cost Breakdown:** \_\_\_\_\_ Tuition      \_\_\_\_\_ Equipment/Supplies  
 \_\_\_\_\_ Books      \_\_\_\_\_ Financial Aide      \_\_\_\_\_ Certification Exam  
 \_\_\_\_\_ License Exam      \_\_\_\_\_ Uniforms      \_\_\_\_\_ Other (specify)

**Expected Outcome** (check all that apply):

Diploma/GED \_\_\_      Certification \_\_\_      License \_\_\_      Other (specify) \_\_\_

**Objective/Justification**

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**Training Type:**

Occupational Skills \_\_\_\_\_

Work Readiness \_\_\_\_\_

Summer Work Experience \_\_\_\_\_

Alternative School Services \_\_\_\_\_

Work Experience \_\_\_\_\_

Tutoring/Study Skills \_\_\_\_\_

Leadership Development \_\_\_\_\_

On-the-Job Training \_\_\_\_\_

\_\_\_\_\_  
Employment Services Specialist Signature

\_\_\_\_\_  
Date: