



Responsibility and Services Plan - Vocational Training/Bachelor Associate Degree

Customer Name: _____

Case Number: _____

350- VOCATIONAL TRAINING (CORE)

342- BACHELOR / ASSOCIATE DEGREE (CORE)

Start Date: _____

Weekly Hours Assigned: _____

Provider: _____

Eligible to stop 60-month counter based on GPA: _____

Action Steps

Turn in schedule by: _____
(Date) **Date Added**

Participate in activity as assigned. Activity Assignment and number of hours worked are included in the attendance record, which is part of your plan. **Date Added**

Turn in verification of weekly attendance to: _____

(How often or by date) **Date Added**

Turn in statement of progress from instructor: _____

(How often or by date) **Date Added**

Turn in proof of grades: _____
(How often or by date) **Date Added**

Attend case management meeting: _____
(How often or by date) **Date Added**

Date Added

Date Added
