



VENTURA COMMUNITY COLLEGE DISTRICT

CalWORKs Individual Training Plan

Original Revised
 Campus _____
 County _____
 Scan Date _____

Student Name _____

Student ID # 900 _____ CalWORKs Case # _____

County Worker _____ CW Phone (_____) _____


Student Status New Continuing Activity Hours Required 20 30 35

Educational Goal AA/AS ADT/Transfer Certificate Proficiency Award

Major _____ Occupational Goal _____

Projected Term of Completion Semester _____ Year _____

SEMESTER PLAN FALL SPRING SUMMER YEAR _____

Courses	Units	 Class Hours	Lab Hours	Study Hours	Work Study or Volunteer Hours
WEEKLY TOTALS					

Total Weekly Activity Hours _____

COMMENTS:

EASEL Yes No N/A

Student Signature _____ Date _____

CalWORKs Counselor Signature _____ Date _____