



# VENTURA COMMUNITY COLLEGE DISTRICT

## CalWORKs Individual Training Plan

☐ Original ☐ Revised  
Campus \_\_\_\_\_  
County \_\_\_\_\_  
Scan Date \_\_\_\_\_

Student Name \_\_\_\_\_ Student ID # 900 \_\_\_\_\_

Student Phone # (\_\_\_\_) \_\_\_\_\_ 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 Per Week	Lab Hours Per Week	Study Hours Per Week	Work Study or Volunteer Hours
WEEKLY TOTALS					

Total Weekly Activity Hours \_\_\_\_\_

COMMENTS:

EASEL      ☐ Yes      ☐ No      ☐ N/A

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

CalWORKs Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_