

INDEPENDENT TRAINING SKILLS

YOUTH NAME: _____

Step Ahead Enterprises

This form should be signed off by a House Manager of the agency.
Please place this form inside (SECTION T) ***Independent Living Information.***

Check the box if the youth participated in the weekly trainings below:

Month: January

Subject: Job Search / Careers: This section includes all aspects of job searching from the beginning to the end.

- | | |
|--------------------------|--|
| <input type="checkbox"/> | WEEK 1: The Importance of a RESUME |
| <input type="checkbox"/> | WEEK 2: Appropriate DRESS ATTIRE |
| <input type="checkbox"/> | WEEK 3: The INTERVIEW PROCESS |
| <input type="checkbox"/> | WEEK 4: Knowing your strengths and interests / Internships |

Month: February

Subject: Emergency and Safety/ Child Sexuality: This section includes all aspects of life saving and emergency safety skills.

- | | |
|--------------------------|--|
| <input type="checkbox"/> | WEEK 1: CPR WE |
| <input type="checkbox"/> | EK 2: First-Aid |
| <input type="checkbox"/> | WEEK 3: Child Sexuality and Protection |
| <input type="checkbox"/> | WEEK 4: STD Awareness |

Month: March

Subject: Health Awareness / STDs: This section includes all aspects of Health and Nutrition

- | | |
|--------------------------|--------------------------------------|
| <input type="checkbox"/> | WEEK 1: Diet & Exercising |
| <input type="checkbox"/> | WEEK 2: Nutrition |
| <input type="checkbox"/> | WEEK 3: Hygiene |
| <input type="checkbox"/> | WEEK 4: Understanding the Human Body |

Month: April

Subject: Personal Appearance: This section includes all aspects of Clothing, Shopping and proper Attire.

- | | |
|--------------------------|--|
| <input type="checkbox"/> | WEEK 1: Discount Shopping |
| <input type="checkbox"/> | WEEK 2: Necessary Clothes |
| <input type="checkbox"/> | WEEK 3: Place and Time for the right Clothes |
| <input type="checkbox"/> | WEEK 4: Laundry / Dry Cleaning |

Month: May

Subject: Food Management: This section includes all aspects of food and shopping for groceries.

- | | |
|--------------------------|---------------------------|
| <input type="checkbox"/> | WEEK 1: Grocery Shopping |
| <input type="checkbox"/> | WEEK 2: Nutritional Facts |
| <input type="checkbox"/> | WEEK 3: Balanced Meal WE |
| <input type="checkbox"/> | EK 4: Coupons |

Month: June

Subject: Credit: This section includes all aspects building credit, financing, and Identity Theft.

- | | |
|--------------------------|---|
| <input type="checkbox"/> | WEEK 1: Introduction to your FICO SCORE |
| <input type="checkbox"/> | WEEK 2: Awareness of Identity Theft WEE |
| <input type="checkbox"/> | K 3: Financing Interest Rates |
| <input type="checkbox"/> | WEEK 4: Financing Payments |

Month: July

Subject: Identifications: This section includes all aspects of obtaining the proper Identification for everyday use and the purpose of each.

- | | |
|--------------------------|---|
| <input type="checkbox"/> | WEEK 1: Driver's License and/or State Issued Identification Cards |
| <input type="checkbox"/> | WEEK 2: Social Security Card |
| <input type="checkbox"/> | WEEK 3: Passports |
| <input type="checkbox"/> | WEEK 4: Birth Certificates |
-

Month: August

Subject: College/Vocational school: This section includes all aspects of College and the necessary steps to take.

- | | |
|--------------------------|--|
| <input type="checkbox"/> | WEEK 1: Application process |
| <input type="checkbox"/> | WEEK 2: Choosing a college |
| <input type="checkbox"/> | WEEK 3: Differences between a Junior College and a University, and Vocational Training |
| <input type="checkbox"/> | WEEK 4: Choosing a Major |

Month: September

Subject: Everyday Transportation: This section includes getting the necessary transportation for daily routines.

- | | |
|--------------------------|--|
| <input type="checkbox"/> | WEEK 1: Bus (Passes, Routes, and Times) |
| <input type="checkbox"/> | WEEK 2: Bicycles |
| <input type="checkbox"/> | WEEK 3: Purchasing a Car |
| <input type="checkbox"/> | WEEK 4: Responsibilities of owning a car |

Month: October

Subject: Living Quarters and Housing Options: This section includes all aspects of Independent Housing.

- | | |
|--------------------------|---|
| <input type="checkbox"/> | WEEK 1: Apartment Searching and Move in obligations |
| <input type="checkbox"/> | WEEK 2: Utility Expenses |
| <input type="checkbox"/> | WEEK 3: Renting Process W |
| <input type="checkbox"/> | EEK 4: Purchasing a Home |

Month: November

Subject: Housing Responsibilities: This section includes all responsibilities of living by yourself and necessary duties.

- | | |
|--------------------------|-----------------------|
| <input type="checkbox"/> | WEEK 1: Daily Chores |
| <input type="checkbox"/> | WEEK 2: Laundry WE |
| <input type="checkbox"/> | EK 3: Sanitation WEEK |
| <input type="checkbox"/> | 4: Yard Work |

Month: December

Subject: Cooking: This section includes all aspects of Cooking and proper preparations.

- | | |
|--------------------------|--|
| <input type="checkbox"/> | WEEK 1: Necessary Ingredients |
| <input type="checkbox"/> | WEEK 2: Correct Temperatures |
| <input type="checkbox"/> | WEEK 3: Frying, Baking, Broiling, and Grilling foods |
| <input type="checkbox"/> | WEEK 4: Cooking Classes |

This form should be signed off by a House Manager of the agency.

Please place this form inside (SECTION T) ***Independent Living Information.***

STAFF NAME: _____

YOUTH NAME: _____

YEAR: _____