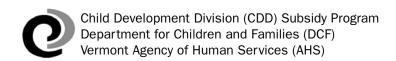
Training Development Plan



Child Development Division 103 South Main Street, A Building Waterbury, VT 05671-5500 1.802.241.3694

Definition: Any activity which, in the opinion of the Commissioner or her/his designee, is likely to lead to employment within one year of completion of training or which is required to maintain employment. POLICY CLARIFICATION: Individuals with a Bachelor's Degree or above with a service need of training, will not be eligible for services. Primary Caretaker ___ ____ Phone __ PLEASE NOTE: If you are in a training program and you are receiving a TANF grant you must contact your Reach Up case manager. If you are not eligible for Reach Up please attach a copy of the denial document from your Reach Up case manager. Please complete the following questions as instructed. Complete ONLY those sections which apply to your situation **1)** The highest grade completed in school (circle one) High School: 9 10 11 12 Post Secondary/College: 13 14 15 16 Technical College Number of years _____ 2) I hold a(n) Associate Bachelor degree(s) in _____ 3) I have begun a degree program _____ (college/university/technical school) Date I began working on my degree ___ 4) I have attached my transcripts showing successful completion of all prior course work. Successful completion is defined as a 2.0 grade point average or a majority of passed courses if they are graded as pass/fail courses. **5)** Projected date of completion of degree ____ Steps I need to take to complete my degree include _____ 6) I am involved in an alternative training program. I would like to request that my training program be approved under CDD regulations and or policies as an approved training program. \square Yes \square No

you are attending).

7) If yes, attach a written description of your plan for training. This plan must include: beginning and end dates; specific training activities; written documentation related to your training (for example, an acceptance letter into the program