

YOUTH NAME: _____

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.

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

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| <input type="checkbox"/> | WEEK 1: CPR |
| <input type="checkbox"/> | WEEK 2: First-Aid |
| <input type="checkbox"/> | WEEK 3: Child Sexuality and Protection |
| <input type="checkbox"/> | WEEK 4: STD Awareness |
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Month: March**Subject:** Health Awareness / STDs: This section includes all aspects of Health and Nutrition

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| <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 |
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Month: April**Subject:** Personal Appearance: This section includes all aspects of Clothing, Shopping and proper Attire.

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| <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 |
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Month: May**Subject:** Food Management: This section includes all aspects of food and shopping for groceries.

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| <input type="checkbox"/> | WEEK 1: Grocery Shopping |
| <input type="checkbox"/> | WEEK 2: Nutritional Facts |
| <input type="checkbox"/> | WEEK 3: Balanced Meal |
| <input type="checkbox"/> | WEEK 4: Coupons |
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Month: June**Subject:** Credit: This section includes all aspects building credit, financing, and Identity Theft.

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| <input type="checkbox"/> | WEEK 1: Introduction to your FICO SCORE |
| <input type="checkbox"/> | WEEK 2: Awareness of Identity Theft |
| <input type="checkbox"/> | WEEK 3: Financing Interest Rates |
| <input type="checkbox"/> | WEEK 4: Financing Payments |
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Month: July**Subject:** Identifications: This section includes all aspects of obtaining the proper Identification for everyday use and the purpose of each.

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| <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 |
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Month: August

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

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WEEK 1: Application process

WEEK 2: Choosing a college

WEEK 3: Differences between a Junior College and a University, and Vocational Training

WEEK 4: Choosing a Major

Month: September

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

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WEEK 1: Bus (Passes, Routes, and Times)

WEEK 2: Bicycles

WEEK 3: Purchasing a Car

WEEK 4: Responsibilities of owning a car

Month: October

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

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WEEK 1: Apartment Searching and Move in obligations

WEEK 2: Utility Expenses

WEEK 3: Renting Process

WEEK 4: Purchasing a Home

Month: November

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

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WEEK 1: Daily Chores

WEEK 2: Laundry

WEEK 3: Sanitation

WEEK 4: Yard Work

Month: December

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

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WEEK 1: Necessary Ingredients

WEEK 2: Correct Temperatures

WEEK 3: Frying, Baking, Broiling, and Grilling foods

WEEK 4: Cooking Classes

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STAFF NAME:_____

YOUTH NAME:_____

YEAR:_____