## FFT<sup>TM</sup> Employment Counseling Service Entry (Required elements are underlined.)

Client Name:			
Date:			
Start time:			
<b>Duration (in minutes)</b>	:		
Staff Person:			
Contact Location/Met		person  By phone  By ema	ail 🔲 By fax
□ By r	•	text message  By social media	•
•	·	•	No No
Did you reach the per			
Contact with:	Client	☐ Employer ☐ Service Provid	er
Story	Name of Entity	Status	Details
Education/Training Search		☐ Discussed pros/cons ☐ Initiated/continued search ☐ Started enrollment process — not yet officially enrolled ☐ Enrolled in education/training program (create Education Record) ☐ Decided not to pursue ☐ Other	Number of applications submitted:
<b>Employment Search</b>		☐ Discussed pros/cons ☐ Initiated/continued search ☐ Obtained employment (create Employment Record) ☐ Decided not to pursue ☐ Other	☐ Created job search materials (e.g. resume, cover letter) ☐ Completed mock interview(s) ☐ Completed Individualized Employment Plan Number of job leads received: Number of applications/resumes submitted: Number of interviews scheduled: Participant has experience in (see codes below):*

## FFT<sup>TM</sup> Employment Counseling Service Entry (Required elements are underlined.)

		Participant is interested in working in (see codes
		below):*
Exam	☐ Discussed pros/cons	Type of exam:
	☐ Referred to provider(s)	☐ GED
	☐ Applied (or re-applied)	☐ HiSet
	☐ Approved (or re-approved)	☐ TASC
	☐ Registered for exam	☐ License
	☐ Took (or retook) exam	☐ Other degree/certificate
	☐ Passed exam	If other degree/certificate, specify:
	☐ Passed part of exam	
	☐ Failed exam	
	☐ Obtained	
	degree/certificate/license (create	
	Degree/Certificate/License	
	Record)	
	☐ Application denied	
	☐ Decided not to pursue	
	☐ Other	
<b>Retention Support</b>	☐ Discussed advancement	<b>Employer Benefits:</b>
	☐ Discussed additional training	☐ General health insurance
	☐ Explored employer benefits	☐ Dental insurance
	(select benefits)	☐ Vision insurance
	☐ Receiving workplace soft skills	☐ Paid Time Off
	☐ Verified retention (create an	☐ Retirement
	Advancement Record)	☐ Other
	□ Other	

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Microenterprise	☐ Discussed pros/cons	Business Lifecycle:
	☐ Referred to provider(s)	☐ Concept Creation
	☐ Decided not to pursue	☐ Seed And Development
	Discussed additional training	☐ Startup
	☐ Receiving counseling/training	☐ Growth And Establishment
	□ Other	☐ Expansion
		☐ Maturity And Possible Exit

## FFT<sup>TM</sup> Employment Counseling Service Entry

(Required elements are underlined.)

11-0000 Management Occupations	33-0000 Protective Service Occupations
13-0000 Business and Financial Operations Occupations	35-0000 Food Preparation and Serving Related Occupations
15-0000 Computer and Mathematical Occupations	37-0000 Building and Grounds Cleaning and Maintenance
17-0000 Architecture and Engineering Occupations	Occupations
19-0000 Life, Physical, and Social Science Occupations	39-0000 Personal Care and Service Occupations
21-0000 Community and Social Service Occupations	41-0000 Sales and Related Occupations
23-0000 Legal Occupations	43-0000 Office and Administrative Support Occupations
25-0000 Education, Training, and Library Occupations	45-0000 Farming, Fishing, and Forestry Occupations
27-0000 Arts, Design, Entertainment, Sports, and Media	47-0000 Construction and Extraction Occupations
Occupations	49-0000 Installation, Maintenance, and Repair Occupations
-	51-0000 Production Occupations
29-0000 Healthcare Practitioners and Technical Occupations	53-0000 Transportation and Material Moving Occupations
31-0000 Healthcare Support Occupations	55-0000 Military Specific Occupations
*Codes for "Participant has experience in" and "Participant is inte	erested in working in".
Notes:	

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