Maryland State Department of Education Division of Rehabilitation Services DORS Placement Plan						
	r Name: Participant ID: unselor:					
Consumer agrees about disclosing DORS involvement	ent 🗌 Yes 🗌 No					
<ul> <li>☐ 30-Day Plan</li> <li>☐ 60-Day Plan</li> <li>Plan beginning d</li> <li>☐ Job Ready page completed in AWARE<sup>™</sup></li> </ul>	ate:					
Career Goal from IPE:						
Other:						
Job Seeking Activities	Length of Time & Frequency	Targeted End Date	Person Responsible			
1.       2.						
3.						

	ob Seeking Activities	Length of Time & Frequency	Targeted End Date	Person Responsible
4.				
5.				
6.				

## Comments:

Consumer Signature/Date:
DORS Courselor Signature/Date:
DORS Counselor Signature/Date:
Data Plan to be reviewed/undated:
Date Plan to be reviewed/updated:

The following may be copied and used by the consumer to track job seeking activities.						
Consumer Job Seeking Activity Log						
	Date	Fallow we Bandinad (daa siiha)				
Job Seeking Activities Completed 1.	Completed	Follow-up Required (describe)				
2.						
3.						
4.						
5.						
6.						
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