

Continuing Education

Career Opportunity ACHievement (COACH) FALL 2026 Program Application

Applicant Information					
Name:					
Street Address:					
City:	State:		ZIP:		
Phone Number:		Email:			
Parent/Legal Guardian Cont	act Information				
Name:					
Street Address:					
City:	State	:	ZIP:		
Phone Number:		Email:			
Education History (list most red	cent first)				
1) Name of School:					
Dates Attended:			Completed:	☐ Yes ☐] No
2) Name of School:					
Dates Attended:			Completed:	☐ Yes ☐] No
Employment/Volunteer History	ory (list most recent first)				
1) Employer Name:					
Describe Major Responsibilities	:				
Reason for Leaving:					
2) Employer Name:					
Describe Major Responsibilities	:				
Reason for Leaving:					

COACH Program Application (continued)

Are you a client of the Department of Rehabilitation Services (DRS)?	☐ Yes ☐ No
f so, who is your DRS counselor?	
Personal Goals	
Why are you interested in COACH?	
What do you want to do after COACH?	

Self-Evaluation Inventory

Please rate yourself for each statement to the best of your ability. Read each statement carefully and be honest.

	Never	Rarely	Sometimes	Often	Always
I understand what I read.					
I communicate well in writing.					
I can communicate ideas well when speaking.					
I can buy things on my own.					
I have worked a part-time job.					
I have done volunteer work.					
I ask for help with tasks when I don't understand.					
I can get where I want to go on my own.					
I arrive to work/school on time.					
I put effort into my work.					
I am motivated to complete work well.					
I know my strengths.					
I know my weaknesses.					