

**The College of New Jersey**

School of Education

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| --- |
| Business: |
| Date: |
| Support Specialist: |

**Business Representatives Participating**

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| --- | --- | --- |
| Name | Phone | Email |
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Is this your first visit? **Ο** First Visit **Ο** Follow-Up Visit

Meeting Type (select all that apply):

* Informational Interview
* Customized Employment Overview
* Needs Analysis
* Job Seeker Specific
* Securing Employment
* Ongoing Support
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Pre-Meeting: GOALS / FOCUS** |
| Is there anything specific you want to focus on? Think about what is important to the business. |
| **During: GENERAL NOTES** |
|  |
| **Post-Meeting: NEXT STEPS / ACTION PLAN** |
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