

North Central Workforce Development Area

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LOCAL DIRECTIVE

Directive #: 18-167 (REV 1)

Date: July 1, 2020

TO: SkillSource Staff and Service Providers
FROM: Dave Petersen, Executive Director
SUBJECT: Individual Employment Plan (IEP) for WIOA Adults/ Dislocated Workers
SUPERSEDES: Local Directive #18-167

Change Summary:

1. Included space for manager approval of durational Individualized and Training Career Services
 2. Specified that IEP will be signed and dated upon its completion.
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The local area requires that each WIOA registered Adult and Dislocated Worker have a fully developed Individual Employment Plan. The attached IEP is to be used to document assessment, planned activities, services and projected goals and outcomes. Instructions on the completion and use of this form are also attached.

20 CFR 680.170 states "The individual employment plan (IEP) is an individualized career service that is developed jointly by the participant and career planner... is an ongoing strategy to identify employment goals, achievement objectives and the appropriate combination of services for the participant to achieve the employment goals."

The IEP is designed to be updated when activities are completed or there are changes in the plan. The customer must participate in the development of the IEP and receive a copy of the completed document.

Please direct any questions regarding the IEP to your Program Manager.

Individual Employment Plan Instructions:

1. Fill in customer's Name and CMS Number

2. Program of Enrollment / Priority Level: Mark the program the customer will be registered in. More than one box may be checked. Mark the priority level of the customer.

3. Partner Services: At the time of plan development, mark yes if the customer is currently receiving services from a partner agency. Indicate the agency and the type of service provided.

4. PART I: ASSESSMENT

- **Basic Skills:** Record Basic Skill assessment results including the name of the test, date and form used. Record scores for reading and math.
- **Academic Status:** Check the appropriate box and record the date received, school attended and field of study.
- **Work Readiness Skills:** Based on results of assessment, check whether the customer demonstrates proficiency in **all** Work Readiness (Pre-Employment/ Work Maturity) Skills or whether they lack proficiency. If the customer lacks proficiency in particular skills, indicate which ones in the boxes provided.
- **Work History:** Mark yes or no to the statements.
- Long term employment is employment for 3 consecutive months during the past year.
- **Career Interests:** Based on results of Career interest assessment, indicate the customer's top three interest areas and record the assessment tool used to determine these interests. List the customer's short and long term career goals.
- **Barriers to Employment:** Mark all boxes that apply and record the agency the customer will be referred to.
- **Supportive Service Plan:** Use this section to record supportive services that are funded by WIOA. Budget Analysis must be completed and show need. All other community resources must be explored and exhausted prior to providing WIOA funded supportive services.
- **Occupational Skills:** Based on results of assessment, list the customer's top three training/occupational goals. Check whether the occupation is in demand, the wage potential (expected wage range) and whether the goal is supported by their interests and aptitudes.

5. PART II: EMPLOYMENT PLAN

- **Service Objectives:** Mark all service objectives that will be included as part of the customer's employment plan.
- **Rationale for Training Services:** In order for a customer to receive training, the plan must show the rationale for WIOA funded training. All five rationale criteria must be applicable to the customer and supported by assessment and interview process in order for training to be funded.
- **Individualized Career or Training Services:** This section outlines the durational activities the customer will participate in to obtain employment. List all durational activities, both individualized career and training the customer will engage in. List the start date, if known. If the date is not yet known, leave blank and fill in when date is determined. List estimated end date. Actual end date and outcome column are to be filled in when the activity is complete. All activities will be entered into the MIS system.
- In the last column, Manager initials & approves all activities with an individual expense such as: WEX, OJT, ITA, workforce prep & others where there is an out of pocket expense. Otherwise, Trainer may write N/A in that column for non out of pocket expensed activities.

6. CUSTOMER RESPONSIBILITIES:

- Review this section with the customer and counsel them about the commitment they are making.
- Customer and staff sign and date the IEP on the date it is completed; this date is used as the service date in ETO.

INDIVIDUAL EMPLOYMENT PLAN

Name: _____

CMS #: _____

Program of Enrollment	Priority Level (Adults only) Check one
<input type="checkbox"/> Adult <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Other _____	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V

Partner Services

Customer is receiving services from a partner agency? ☐ Yes ☐ No

Funding source/agency	Service Provided

Part I: ASSESSMENT

Basic Skills

Name of Test (Pre or Post)	Date	Form	Reading Score	Math Score
CASAS				

Academic Status

Credential	Date received	School Attended	Field of Study
<input type="checkbox"/> None / <input type="checkbox"/> Dropout			
<input type="checkbox"/> GED Certificate			
<input type="checkbox"/> High School Diploma			
<input type="checkbox"/> College Degree – 2 yr.			
<input type="checkbox"/> College Degree – 4 yr. (+)			
<input type="checkbox"/> Certificate or License			
<input type="checkbox"/> Other			

Work Readiness (WR) Skills

- ☐ Demonstrates all WR skills
- ☐ Lacks the following WR skills:
- | | |
|--|--|
| <input type="checkbox"/> Career Decisions | <input type="checkbox"/> Punctuality |
| <input type="checkbox"/> Labor Market Info | <input type="checkbox"/> Attendance |
| <input type="checkbox"/> Resume | <input type="checkbox"/> Positive Attitude |
| <input type="checkbox"/> Applications | <input type="checkbox"/> Appropriate Appearance |
| <input type="checkbox"/> Interviewing | <input type="checkbox"/> Interpersonal Relations |
| | <input type="checkbox"/> Completing Tasks |

Work History

- Yes No**
- ☐ ☐ Work History shows long term employment
- ☐ ☐ Has been fired from at least one job
- ☐ ☐ Has written references from previous employers
- Comments: _____
- _____
- _____

Career Interests

<i>Top three interest areas</i>	Assessment Tool
1.	
2.	
3.	

Short Term Career Goal: _____

Long Term Career Goal: _____

Barriers to Employment**Referred to (Agency)****Date**

<input type="checkbox"/> Child Care	<input type="checkbox"/> Transportation		
<input type="checkbox"/> Food	<input type="checkbox"/> Housing	<input type="checkbox"/> Clothing	
<input type="checkbox"/> Medical / Dental / Optical			
<input type="checkbox"/> Offender	<input type="checkbox"/> Substance Abuse		
<input type="checkbox"/> Family / Personal			
<input type="checkbox"/> Disability			
<input type="checkbox"/> Language			
<input type="checkbox"/> Other			

Supportive Service Plan (WIOA funded)

_____ Budget Analysis completed and updated as necessary. All other community resources have been explored and exhausted. _____

Occupational Skills

Training / Employment Goal	Demand Occupation	Wage Potential	Supported by Interests	Supported by Aptitudes
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Part II: EMPLOYMENT PLAN

Service Objectives:

<input type="checkbox"/> High School Diploma or HSE <input type="checkbox"/> Improve math and reading skills <input type="checkbox"/> Job Hunting Skills <input type="checkbox"/> Job Keeping Skills <input type="checkbox"/> College Degree	<input type="checkbox"/> Computer Literacy Skills <input type="checkbox"/> Occupational Skills <input type="checkbox"/> Skills Upgrade or Advancement <input type="checkbox"/> Vocational Certification or License <input type="checkbox"/> Other _____
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Rationale for Training Services (ITA, OJT, CET): All five rationale criteria must be applicable.

As a result of interview, evaluation, assessment and career planning documented in IEP, the participant:

- ☐ is unlikely or unable to obtain or retain employment that leads to self-sufficiency, comparable wages, and
- ☐ is in need of training services to obtain or retain employment leading to self-sufficiency, and
- ☐ has the skills and qualifications to participate successfully in training, and
- ☐ has selected a program of training that is directly linked to local employment or relocation area, and
- ☐ is unable to obtain grant assistance from other sources to pay the full cost of training.

INDIVIDUALIZED CAREER OR TRAINING SERVICES: (*Manager initials & approves all activities with an individual expense such as: WEX, OJT, ITA, workforce prep & others where there is an out of pocket expense) Write N/A otherwise.

Activity (ie: OJT, ITA, CET, CBS, WEX)	Location/Training Site	Start Date	Estimated End Date	Actual End Date	Outcome	*Manager Approval & Date

CUSTOMER RESPONSIBILITIES

I certify that I have actively participated in my assessment and the development of my Individual Employment Plan, and agree with the assessed need and plan for service and feel I can achieve the expected results. I understand that the training assistance provided to me is for the purpose of obtaining and retaining employment related to my training. I understand that the staff will follow-up with me up to one year after I obtain employment, and I agree to the following:

- ☐ I will actively participate in job search.
- ☐ I will notify my Career Advisor immediately when I obtain employment.
- ☐ I will notify my Career Advisor of any change in address, phone number, and employment.
- ☐ I agree with the planned goals and services outlined in my Individual Employment Plan (IEP). I have received a copy of this IEP and I am fully committed to taking the steps necessary to reach my occupational and employment goals.

Customer Signature _____ Date completed _____

Career Advisor _____ Date completed _____