

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 _____