

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

<input type="checkbox"/> Demonstrates all WR skills	
<input type="checkbox"/> 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	
<input type="checkbox"/>	<input type="checkbox"/>	Work History shows long term employment
<input type="checkbox"/>	<input type="checkbox"/>	Has been fired from at least one job
<input type="checkbox"/>	<input type="checkbox"/>	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

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		

Reviewed Bundled Services Desk Aid

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 _____
--	---

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.

