

Individual Employment Plan (IEP)

An Individual Employment Plan (IEP) will be developed for all Adult and Dislocated Worker participants.

The Individual Employment Plan is a process developed by the participant and career advisor. Assessment results, supportive service needs, identified barriers and the steps to address them, along with goals and timelines are recorded on the IEP Form and signed by the customer and the career advisor. As the barriers are addressed and benchmarks measuring progress toward goals are met, accomplishments are recorded in the Achievement Objectives portion of the IEP until the participant achieves the final attainment of employment.

INDIVIDUAL EMPLOYMENT PLAN (IEP)	
Name	Date
Date of Unemployment	Highest Level of Education
Reason for Unemployment	

Initial Services Received <i>Indicate the services received by the customer</i>	
Initial Assessment	Outreach, Intake and Orientation
Resume and/or Interviewing Assistance	Unemployment Insurance Info
Career Assessment/Career Research	Employment/Labor Market Info
Info on Supportive Services/Follow-up	Other
Rapid Response	

SECTION I - CAREER ASSESSMENTS			
<i>Indicate the type(s) of assessments the customer has completed and the date of the assessment</i>			
Aptitude & Ability Test CareerScope	Date	Counselor's Report in File Assessment Report to client How to get Most out of CareerScope to Client	Date (reviewed w/client)
Interest Inventory CareerScope	Date	CScope Interest Areas	Date
		1.	
		2.	
		3.	
www.livecareer.com	Date	Livecareer: RIASEC (circle three)	Date

Interpretation of Assessment(s)		
<i>Interpret test results and make appropriate service recommendations</i>		
Assessment	Results	Interpretation/Recommendation

SECTION II – GOALS AND OBJECTIVES	
Identify participant's employment goals and the associated skills/training required (be specific)	
Employment Goal	Date
Justification for Employment Goal	

Supplemental Individual Employment Plan
PART 1 – Please answer the questions below about your goals for training
PART 2 – Complete the Training Program Research Form, the Labor Market Research Form and the List of Jobs forms found at the end of this document
Please explain why you believe that you have been unable to find a job
What kind of job would you like for your next job to be and why
If you are unable to obtain your first choice job, what job would be your second choice and why
What is the minimum wage you will accept on your next job? _____ per hour
In what county or area do you prefer to work?
How far are you willing to commute? _____ miles one way
List below companies/agencies/organizations where you plan to seek employment if you are approved for training in your selected field. What job search methods do you plan to use in order to gain employment at these companies? (Be specific and attach additional pages if needed)
Provide a financial plan on how you will support yourself and your family while you are in training and during your job search (be specific)

Skills/Training Required to Achieve Employment Goal*List the skills/training required for the employment goal and customer's current skill level in required area*

Skill/Training Requirement	Indicate whether customer possesses required skill(s) and level of proficiency
Computer Skills	
Industry Specific Training	
Other	

SECTION III – WORK HISTORY *List work history in chronological order (most recent first) (Attach Resume)*

Dates	Duration (yrs/mos)	Employer/Job Title	List primary skills acquired

SECTION IV – EMPLOYMENT ASSETS

Bi-Multilingual (List languages spoken and proficiency)	Software/Computer Programs (List programs and proficiency)
Transferable Skills (List based on customer perception and any assessments)	
O*Net	
GCIS	

Professional Certificates/Licenses (List expiration dates if applicable)
Other
Describe how identified employment assets will contribute to customer's success in desired occupation

SECTION V – SKILL ASSESSMENT Assess Basic & Occupational Skills						
Location	Skill(s) Assessed	Testing Instrument	Pre-test	Date	Post-test	Date
Interpretation of Skill Assessment(s)						
Assessment	Results		Interpretation/Recommendation			

SECTION VI – EDUCATIONAL BARRIERS – Identify associated service needs		
Barrier	Solution(s) Identified	Comments
Basic Skills Deficient Math – Below 9.0		
Basic Skills Deficient Reading – Below 9.0		

No High School Diploma/GED		

SECTION VII – PRE-EMPLOYMENT/SOFT SKILLS/WORK-READINESS NEEDS Identify associated service needs		
Skill	Service Recommendation/Referral	Date Provided
Interviewing Skills		
Resume Writing		
Networking Skills		
Personal Branding		

SECTION VIII – OCCUPATIONAL BARRIERS Identify associated service needs		
Barrier	Solution(s) Identified	Comments
Long-term Unemployed		
Improve Job-Seeking Skills		
Limited/No Work Experience		
Needs Occupational Skills Training		
Skilled in Declining Industry		
Language Barrier		
Needs Assistive Technology		
Other		
Other		
Other		

SECTION IX – Services Required to Meet Employment Goals/Overcome Barriers – Identify the appropriate combination of services for the participant to achieve the employment goals (be specific)
Service 1: Additional Services
Initial Assessment
Resume and/or Interviewing Assistance
Assessment Comprehensive/Specialized
Info on Supportive Services/Follow-up

Outreach, Intake and Orientation		
Rapid Response		
Unemployment Insurance Info		
Employment/Labor Market Info		
	Target Date Start	Target Date End
Service 2: Intensive Services		
Counseling and career planning		
Short-term prevocational services		
GED/HS Diploma		
Work Experience/Internship		
Justification for Intensive Services		
Service 3: Job Search Assistance		
Individual Job Search		
Out of Area Job Search		
Justification for Job Search Assistance		
Service 4: Training Services/Employment Related Education		
Occupational skills training		
Skills upgrade/retraining		
Entrepreneurial training		
Combined workforce training & related instruction		
Required training-related materials/supplies		
ABE/literacy combined with training		
Training-related materials/supplies		
Apprenticeships		
Customized training		
On-the-job training		
Justification for Training Services		

SECTION X SUPPORT SERVICES NEEDS – Assess all items for assistance the individual may need to successfully participate. Check category where assistance may be needed and identify solutions.

1. Housing	2. Food/clothing	3. Transportation	4. Job Related Materials
5. Medical/Health	6. Child/Family Care	7. Uniform(s)	8. Other (Specify)

RESOURCES SOLUTIONS IDENTIFIED

Identified Solution	Provided by who/when/what	Start Date	End Date

OTHER SERVICES:

ACHIEVEMENT OBJECTIVES

Objective	Date	Objective Outcome	Staff Initials
JobSmart Workshop			
Basic Skill Levels			
Completed Course Increment			
Completed Semester			
Completed Semester			
Completed Semester			
Externship			

Objective	Date	Objective Outcome	Staff Initials
Graduated			
Certification Exam			
Entered Employment			

I have participated in the development of my Individual Employment Plan (IEP) and I understand the programs and activities in which I will participate and what I am responsible for in order to achieve my planned goals. I am aware that achievement of these goals may be dependent upon the availability of funds and training opportunities. I understand that the IEP is not a guarantee or contract to provide services.

Participant's Signature

Date

Staff Signature

Date