

Office of Economic and Workforce Development Workforce Development Division



INDIVIDUAL EMPLOYMENT PLAN (IEP)

PLEASE PRINT

SECTION I PERSONAL DATA

Participant Name: _____ Social Security No.: _____
 Agency Where File Was Initiated: _____ Telephone No.: _____
 Person Completing Form:: _____

SECTION II SERVICES TO BE PROVIDED (This section applies only to adults)

- | CORE SERVICES | INTENSIVE SERVICES |
|---|--|
| <input type="checkbox"/> Staff assisted job search | <input type="checkbox"/> Case management |
| <input type="checkbox"/> Staff assisted job development | <input type="checkbox"/> Comprehensive assessment |
| <input type="checkbox"/> Staff assisted job referrals | <input type="checkbox"/> Group or individual counseling |
| <input type="checkbox"/> Staff assisted workshops | <input type="checkbox"/> Work experience |
| <input type="checkbox"/> Staff assisted job placement | <input type="checkbox"/> Pre-vocational services |
| <input type="checkbox"/> Follow-up services, counseling | <input type="checkbox"/> Internship |
| <input type="checkbox"/> Non-WIA funded core services | <input type="checkbox"/> Non-WIA funded intensive services |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |

SECTION III ASSESSMENT INFORMATION

Assessment Area	Assessment Tool	Result/Score	Date Assessed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Assessment of potential barrier(s) that may prevent the participant from successfully completing training:

SECTION IV SUPPORTIVE SERVICE(S) AND TRAINING NEED(S)

- | | |
|--|---|
| Supportive service(s) needed to complete training: <ul style="list-style-type: none"> <input type="checkbox"/> Childcare <input type="checkbox"/> Transportation <input type="checkbox"/> Medical <input type="checkbox"/> Training Related Expenses | Type of training recommended: <ul style="list-style-type: none"> <input type="checkbox"/> On-the Job Training <input type="checkbox"/> Occupational Skills/Customized Training <input type="checkbox"/> Job Readiness/Basic Skills Remediation <input type="checkbox"/> Paid Work Experience <input type="checkbox"/> Skill Upgrade and Retraining |
|--|---|

I have reviewed my employment plan and I agree with the recommended strategies to help me reach my career objective.

**SECTION V
SHORT TERM EMPLOYMENT GOAL**

Short Term Goal
(Occupational Title): _____ OES Code: _____

Expected
Entry Level Wage: _____ Est. No. of Months
to Achieve Goal: _____

Plan(s) to achieve short term goal:

**SECTION VI
LONG TERM CAREER GOAL**

Career Goal
(Occupational Title): _____

Expected
Entry Level Wage: _____ Est. No. of Months
to Achieve Goal: _____

Plan(s)/suggestion(s) to achieve career goal:

Participant Signature: _____ Date: _____

Counselor Signature: _____ Date: _____