

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

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: \_\_\_\_\_