

**Office of Economic and Workforce Development
Workforce Development Division**



Intensive Services to Training Services Determination

Customer Name: _____ SSN: _____

- Individual Employment Plan (IEP) completed and signed/dated by the customer**
 - Based on an objective assessment of skills, aptitudes, interests, preferences and customer choice.
 - Customer determined to be in need of training and has the skills and qualifications to successfully participate.
 - Training in a demand occupation with career growth.

Unable to obtain or retain employment that leads to self-sufficiency through intensive services

- Obsolete/Inadequate job skills
- Insufficient education for job sought
- Lack of public job orders
- Lack of transferable skills
- Lack of work readiness skills
- Wage variables
- Economic conditions in the Local Workforce Investment Area
- Industry contraction/restructure

Good attendance in at least one (1) intensive service

- Case management for participants
- Comprehensive assessment
- Development of IEP
- Individual counseling and career planning
- Short term prevocational services
- Other intensive services _____
- Non-WIA funded intensive services provided by partner agencies _____

Accomplished the following tasks prior to training enrollment

- Attend mandatory workshop(s) and orientation to career assessment (obtain signature)
- Completed Job Search History Form
- Financial Aid as appropriate, including Pell
- Completed a performance appraisal of several schools
- Conducted an informational interview, job shadowing, labor market research, or incumbent interview in field of interest
- Visited school, toured the facility, and talked to current faculty and students
- Reviewed family finances with job seeker to ensure family has assessed self-sufficiency while in training
- Other _____

Case Manager Signature: _____ Date: _____