



| INDIVIDUAL EMPLOYMENT PLAN (IEP) | | |
|---|--------------------|------------------------------|
| Name: | | Date: |
| SECTION I: GOALS AND OBJECTIVES – Identify participant's employment goals and associated achievement objectives (be specific): | | |
| Employment Goals – Initial: | | Long Term: |
| Goal occupation: | Target wage: | Date: |
| Skill requirements to meet Occupation Goal: | | |
| Achievement Objectives to reach employment goals: | | |
| Objective 1: | | Target Completion date: |
| Objective 2: | | Target Completion date: |
| SECTION II: WORK HISTORY - List work history in chronological order (most recent first) | | |
| Dates or duration | Employer/Job Title | List primary skills acquired |
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| SECTION III: SKILL ASSESSMENT – Assess basic, Occupational, work maturity skills, etc. Identify associated service needs. | | |
| Assessment Used | Results | Suitability? |
| | | |
| | | |



SECTION IV: COMBINATION OF SERVICES — Identify the appropriate combination of services for the participant to achieve the employment goals (be specific)

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|---------------------------------------|---|------------------------------|----------------------------|
| Service 1: | BASIC CAREER SERVICES <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Resume &/or Interviewing Assistance <input type="checkbox"/> Info on supportive services/follow up <input type="checkbox"/> Outreach, intake and orientation <input type="checkbox"/> Rapid Response <input type="checkbox"/> Unemployment Insurance Info <input type="checkbox"/> Employment/Labor Market info <input type="checkbox"/> Resource room | | |
| INDIVIDUALIZED CAREER SERVICES | | Target Date Start | Target Date End |
| Service 2: | <input type="checkbox"/> Assessment Comprehensive/Specialized <input type="checkbox"/> Counseling and career planning <input type="checkbox"/> Short term prevocational services <input type="checkbox"/> HISET/HS Diploma <input type="checkbox"/> Work experience/internship | | |
| Service 3: | JOB SEARCH ASSISTANCE <input type="checkbox"/> Individual job search <input type="checkbox"/> Out of area job search | | |
| Service 4: | TRAINING/EMPLOYMENT RELATED SERVICE <input type="checkbox"/> Occupational skills training <input type="checkbox"/> Skills upgrade/retraining <input type="checkbox"/> Entrepreneurial training <input type="checkbox"/> Combined workforce training & related instruction <input type="checkbox"/> Required Training related materials/supplies <input type="checkbox"/> ABE/literacy combined with training <input type="checkbox"/> Training related materials/supplies <input type="checkbox"/> Apprenticeships <input type="checkbox"/> Customized training <input type="checkbox"/> On-the-job training | | |

SECTION V: BASIC RESOURCE NEEDS – Assess all items for assistance the individual may need to successfully participate. Check category where assistance may be needed and identify solutions.

- | | | | |
|--|---|--|--|
| 1. <input type="checkbox"/> Housing | 2. <input type="checkbox"/> Food/clothing | 3. <input type="checkbox"/> Transportation | 4. <input type="checkbox"/> Job Related Materials/Supplies |
| 5. <input type="checkbox"/> Medical/Health | 6. <input type="checkbox"/> Child/Family Care | 7. <input type="checkbox"/> Legal | 8. <input type="checkbox"/> TAA Subsistence |
| 9. <input type="checkbox"/> Other/Specify: | | | |

RESOURCE NEEDS IDENTIFIED

| Identified Solution | Provided by who/when/what |
|---------------------|---------------------------|
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WIOA PARTICIPANT AGREEMENT

1. I recognize that I will be responsible for paying back loans if my plan requires me to go into debt for training (i.e. student loan).
2. I have read and do understand the information presented concerning my chosen career and the demand for it in this community.
3. I understand the WIOA- funded services are not guaranteed. This is not an entitlement program and I do not have legal rights to access the services or automatic access to the resources or services identified.
4. I understand that I may be required to return any tools or equipment provided to me by this program in the event that I do not successfully complete my training or meet my employment goal.
5. I have helped create this Career Plan and I intend to participate and succeed in all of the activities we have planned. If I have problems, I will ask for help. If I want to change any parts of the plan, including my Career Goals, I will tell the staff and together we can make the changes.
6. It has been explained to me and I agree that the ultimate goal of my participation is my placement in unsubsidized employment, leading to self-sufficiency. I understand my responsibility to work toward this goal. My failure to meet the conditions of this agreement can result in termination from the program.
7. I understand that a case manager may follow up with me at least quarterly for one year after I am exited from the program and that some services may be available to me during this time.

Signature of Participant

Date

Signature of Program Staff

Date

WIOA is an equal opportunity program. Please see the WIOA Complaints form for filing guidance.

Distribution: Copy to participant
Original to participant file



INDIVIDUAL EMPLOYMENT PLAN (IEP) INSTRUCTIONS FOR COMPLETION

This is for adult/DW WIOA participants. If adult is being dual enrolled in CCMEP, this form is not required, use required CCMEP IOP instead.

Enter the individual's name and date (mm/dd/yy) before you begin filling in any items on the form.

SECTION 1: GOALS AND OBJECTIVES: Identify the participant's initial and long term employment goals: **Initial Employment Goal** is the unemployed/dislocated worker participant's intended entry/re-entry level, career ladder position leading to self sufficiency in the labor market after receiving WIOA services. Or, for the un/under-employed workers, the new or upgraded position targeted. Initial employment goals are the most appropriate target for provisions of WIOA intensive and training services. (Does not include interim or temporary employment to meet the basic household and family expenses while the participant is engaged in long-term intensive activities or training). Entry/re-entry level is not intended to imply "entry level" positions only.

Long Term: Permanent full time employment should be the "long term" goal.

Goal Occupation: Identify the occupation or upgrade the participant is pursuing.

Wage Target: Identify the expected entry level wage (for unemployment) or increased wage (for underemployed) for that occupation or upgrade. Target wage is at least the Self-Sufficiency wage. For dislocated workers, the target is suitable employment which is at least 80% of the wage at layoff.

Date: Enter the target employment date.

Skill requirements to meet Occupational Goal: Identify the specific or categories of skills the participant will need to secure the initial employment or upgrade desired. Use this information when completing the participant's skill assessment and for planning the services to be provided.

Achievement Objectives to reach the employment goal: Identify the major objectives (outcomes of participation in WIOA) that need to be achieved for the participant to reach his/her initial employment goals.

SECTION 2: WORK HISTORY: Enter the individual's work history in chronological order from the present backward. If the individual has had no readily identifiable employment, enter any information you consider relevant. "See Attached Resume" is acceptable if the resume is attached to the IEP and complete.

SECTION 3: SKILL ASSESSMENT: Assess the participant's skill levels, aptitudes and abilities. Record the specific items that need to be addressed as a result of any basic skills diagnostic testing, specialized assessments, in-depth interviewing or evaluation that constitute employment or participation barriers to the success of the participant in reaching his/her initial employment goal. Record the suitability determination based on the assessment.

SECTION 4: COMBINATION OF SERVICES: Based on the participant's employment goals, skill levels, aptitudes and abilities, record the career and training services to be provided to the participant and other items you consider relevant. This section also identifies the specific areas in which education or training is to take place to help the participant meet his/her employment goals.

SECTION 5: BASIC RESOURCE NEEDS: This section is for the assessment of supportive services needs and to record the supportive services provided. Needs may be reassessed and updated at any time on the IEP during the individual's period of participation in the program. The "target" dates are to be used as a tool and should not be confused with the need to record actual training start and end dates in OWCMS.