**Individual Employment Plan Adult/Dislocated Worker**

( )

( )

( )

( )

The following information will identify individual needs and help determine the appropriate training or services for a comprehensive plan to return to work.

|  |  |
| --- | --- |
| Date: | **Click here to enter a date.** |
|  |  |  |
| Name: | **Click here to enter text.** | SS# | **Click here to enter text.** |
|  |  |  |  |
| Address:  | **Click here to enter text.** | Phone #: | Click here to enter text. |
| **Click here to enter text.** | Veteran: Yes [ ]  No [ ]  |
| **Click here to enter text.** |  |
|  |  |  |
| **Work History** |  |  |
| Employer | Dates Employed | Brief Description of Job Duties |
| 1. **Click here to enter text.**
 | **Click here to enter text.** | **Click here to enter text.** |
|  |  |
|  |  |
|  |  |  |
| 1. **Click here to enter text.**
 | **Click here to enter text.** | **Click here to enter text.** |
|  |  |
|  |  |
| 1. **Click here to enter text.**
 |  | **Click here to enter text.** |
|  |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Highest Level of Education Attained: | HS Diploma [ ]  | GED [ ]  | Other: **Click here to enter text.** |
|  |  |
| Vocational/Technical Training: [ ]  Yes [ ]  No | If Yes, type of Training: **Click here to enter text.** |
|  |  |
| Career/Training Interest (List in order of Preference |  |
| 1. **Click here to enter text.**
 | 1. **Click here to enter text.**
 |
| 1. **Click here to enter text.**
 | 1. **Click here to enter text.**
 |
|  |  |
| **Basic Educational Skills Testing** |  |
|  Test Administered: | **Click here to enter text.** |
| Scores: | Reading: **Click here to enter text.** | Math: **Click here to enter text.** | Language: **Click here to enter text.** |
|  |  |
| Basic Skills Deficient: [ ] Yes [ ]  No | Referral made for Tutoring: [ ]  Yes [ ]  No |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **Interest & Skills Assessment** | Assessment Administered: **Click here to enter text.** |
| Results: **Click here to enter text.** |
| **Barriers to Employment** (check all that apply) |  |
| School Drop Out [ ]  | Lack of Skills [ ]  | Substance Abuse [ ]  | Offender [ ]  | Homeless [ ]  |
| No Child Care [ ]  | No Transportation [ ]  | Lacks Work History [ ]  | Disabled [ ]  |
|  |  |
|  |  |
| **Training Goal** |  |
| Click here to enter text. |
| **Start Date:** Click here to enter a date. | **End Date:** Click here to enter a date. |
|  |
| **Employment Goal** |
| Click here to enter text. |
| **Start Date:** Click here to enter a date. | **End Date:** Click here to enter a date. |

## Responsibility/Agreement of Client

1. Agree to contact the Program Operator at a minimum of once a month, or more, as needed.
2. Attend training regularly and make satisfactory progress.
3. Actively seek and accept training related employment upon completion of services.
4. Provide specific information regarding employment before leaving the program.
5. Respond to all surveys and other requests for information including follow‐up interviews after leaving the program.
6. Notify the Program Operator of changes in: 1 )training status, 2) employment status (including part‐time and temporary work), 3) eligibility for Pell or other grants, and 4) address/phone number.
7. I understand that WIOA finding is always contingent upon the availability of funds to the Workforce Investment Area.
8. We have discussed the extent to which my chosen career direction is in local demand.
9. I was involved in creating this Individual Employment Plan and I agree with it. I will notify staff if I have problems, or want to deviate from this plan. I further understand that it is my responsibility to complete the activities listed in this plan.

## Participant Signature Date

## Service Provider Representative Signature Date