**Workforce Innovation and Opportunity Act - Adult and Dislocated Worker Program**

**Individual Employment Plan – IEP**

**Demographics**

|  |  |
| --- | --- |
| **Name:** | **SS#: xxx-xx-** |
| **Adult:**  **Dislocated:** | **OSOS ID:** |
| An Individual Employment Plan (IEP) development is mandatory for participation in Workforce Connections’ Adult and Dislocated Worker Program. This plan must be jointly developed by the participant and the career coach. Failure to comply will lead to termination of WIOA services. | |

**Program Participant Employment Goals**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employment Goal(s)** |  | | | |
| **Skill Gap** |  | | | |
| **1.** **Achievement Objectives to reach Employment Goals:** | | | | |
| **Objectives** | | | **Start Date** | **Completion Date** |
|  | | |  |  |
| **2. Skill Assessment – Basic, Occupational, skills learned through hands on work experience, etc.** | | | | |
| **Assessment Tool used:** | |  | | |
| **Barriers Identified**  **(Specify)** | | **Identified Solution**  **(What/When/Who)** | | |
|  | |  | | |
|  | |  | | |
|  | |  | | |
| Other:(please specify) | |  | | |

**Basic Resource Needs –** Assess items for assistancethe participant may need to successfully participate and complete the program

|  |  |
| --- | --- |
| **Resource Needs** | Housing  Work Related Clothing  Child Care  Transportation  Job Related Materials/Supplies  Work Related Cards  Other:(specify) |

**Combination of Services –** Identify the appropriate combination of services for the Program Participant to achieve his/her employment goals (please be specific)

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| --- | --- | --- | --- |
| Service Level  **1** | **Basic Career Services**  Initial Assessment  Staff assisted job search  Other | **Date** | |
| **Justification:**  Unable to secure employment  Lack of work readiness skills  Unable to address / overcome identified barriers to employment  Lack of work history  Limited English  Other:(please be specific) | | | |
|  | | **Target Date**  **Start** | **Target Date End** |
| Service Level  **2** | **Individualized Career Services**  Individual Employment Plan (IEP)  Counseling – Individual & Career Planning  Short-term Pre-Vocational Service  Work Experience  Internship  Assessment – Comprehensive & Specialized  Relocation Assistance  ABE or ESL in Combination with Training  Basic Skills/Life Skills  Financial Literacy  Other (specify) |  |  |
| **Justification:**  Obsolete / Inadequate job skills  Economic conditions in the local area  Labor market trends  In need of license and/or certificate  In need of credential  Other:(please be specific) | | | |
| Service Level  **3** | **Training Services/Employment Related Education**  Occupational skills training  Customized training program  On the Job training program  Other (specify) |  |  |

**Training Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course of Training: |  | | | |
| Training Provider: |  | | | |
| Certificate: Yes  No |  | | | |
| Credential: Yes  No |  | | | |
| Total Cost of Training: | **$** | | WIOA ADW Amount: | **$** |
| Other Funding: **$** | | Amount: | | **$** |
| Participant Contribution: Yes  No | | Amount: | | **$** |
| Training program goal(s): | | | | |
| Industry Sector: | | Target Occupation: | | |

**Outcomes** (Only after training program activity completion)

|  |  |
| --- | --- |
| Credential/Certificate Achieved: | **Yes**  **No** |
| Completed Training program activity: | **Yes**  **No** |
| Started Employment: | **Yes**  **No** |
| Employment information recorded in MIS | **Yes**  **No** |

**Comments**

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**WIOA Program Participant Agreement**

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| 1. I have read and understand the information presented concerning my chosen career and the demand for it in this community. 2. I have helped create this individual employment 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 part of the plan, including my career goals, I will tell the WIOA program staff and together we can make the changes. 3. 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. 4. 4. I understand that my WIOA program career coach will follow up with me at least once a month for one (1) year after I am exited from the program and that some follow up services may be available to me during this time. |

**Participant Signature**

|  |  |
| --- | --- |
| (Print first and last name)    (Signature) | **Date:** |

**WIOA – Adult and Dislocated Worker Program Representative**

|  |  |
| --- | --- |
| (Print first and last name)    (Signature) | **Date:** |