**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**

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| --- | --- |
| **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.
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**Participant Signature**

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

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

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