

Individualized Employment Plan

Enrollment Grant Code: ( ) 201 ( ) 501 ( ) other\_

Coach's Name:

OBJECTIVE ASSESSMENT and PLAN

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PERSONAL HISTORY

Family Situation

( ) Male ( ) female ( ) married ( ) single ( ) children and ages: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

Employed: ( ) yes ( ) no

If not employed, Years/Months out of workforce:

Source of Income:

( ) Unemployment Insurance ( ) CalWorks ( ) GA ( ) Food Stamps ( ) Other ( ) No income

Housing: ( ) rent ( ) own ( ) share a room ( ) homeless ( ) other

High School / GED: ( ) yes ( ) no

College / Degrees: ( ) yes ( ) no

If yes, Include Type course of study:

Licenses / Certificates: ( ) yes ( ) no

If yes, Include Type:

Other Training:         yes  no

    If yes, Program/Subject:

Driver License:  yes  no

    If yes, Class:  A  B  C

List any other relevant information to assist with plan: i.e. Ex-offender, Ticket-to-Work, etc.:

#### WORK EXPERIENCE

Last Job(s)- Add additional employment if necessary

Employer and Occupation:

Skills used:

Industry sector:

Employer and Occupation:

Skills used:

Industry sector:

Employer and Occupation:

Skills used:

Industry sector:

## BACKGROUND WIZARD

Are all sections complete and up-to-date: ( ) yes ( ) No

If No, Projected date to complete:

Note: For Training assistance, all sections of the Background Wizard will need to be completed

## ASSESSMENTS

Skills Assessment (a or b is required)- Not required if possess a degree

a. Quick Guide

Results- Reading:      Math:      Locating Information:

OR

b. Other Skills Assessment

Assessment Tool:      Results:

Other Assessments (Interest, Values, etc.) to help with plan, if necessary

List results:

One-on-One Objective Assessment    Date:

Self Sufficiency Calculator reviewed (required for Adult/201 enrollments requesting financial assistance):

( ) yes

GOALS/ STRENGTHS /BARRIERS (Please respond to all of the following, reflected from assessment results)

Employment and/or Training Goal(s)

Seeking Immediate Employment: ( ) yes ( ) no

Seeking Training or Skills Upgrade: ( ) yes ( ) no

Employment

a. Short Term Employment

List desired occupations:

b. Long Term Career Pathway Employment

List projected occupations:

Training

c. Short Term Training

List desired training:

d. Long Term Career Pathway Training

List projected training:

Strengths

Document customer strengths including those employment related experiences, family or community supports:

Barriers

Identify the barriers that may prevent obtaining employment:

PLAN

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JUSTIFICATION TO PROVIDE INDIVIDUALIZED SERVICES: (Address Personal and Employment barriers identified above)

PLANNED OBJECTIVES(s)/SERVICES(s): check all that apply

Check the planned services to be provided to support the employment goal(s):

Career Guidance ( )

Job Search Workshops ( )

Resume Assistance ( )

Interview Assistance ( )

Labor Market Information ( )

Transferrable Skills Information ( )

Job Placement Assistance ( )

Soft Skills Workshops ( )

Financial Assistance-Housing/Transportation/etc. ( )

Training/Skills Upgrade ( )

Referral to Outside Agency/Partner ( )

Other ( )

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FINANCIAL ASSISTANCE PLAN (If Applicable):

