

INDIVIDUAL EMPLOYMENT PLAN

Name: _____ Last 4 Digits of SSN: _____ Date: _____

Program: Adult DW Other

ASSESSMENT									
Work Values and Interests									
CASAS			My Next Move (Holland Codes)			Work Keys			Typing
Reading	Math		High	Middle	Low	AM	GL	WD	WPM

CAREER/TRAINING PATHWAY

Please indicate what your immediate goal is at this time:

Employment Education/Basic Skills Training Program Other: _____

Short Term Goal
Occupational Title: _____ Occupational Code: _____

Expected Entry Level
Wage/Salary: _____ Est. Number of
Months to Achieve
Goal: _____

Plan(s)/suggestion(s) to achieve short term goal:

Long Term Goal (Desired Career):
Occupational Title: _____ Occupational Code: _____

Expected Entry Level
Wage/Salary: _____ Est. Number of
Months to Achieve
Goal: _____

Plan(s)/suggestion(s) to achieve long term goal:

INDIVIDUALIZED CAREER SERVICES

Describe what training services are needed for the customer to obtain or retain employment:

Describe what supportive services are essential to enable customer to participate in career and training services:

Customer is unable to obtain assistance from other sources; requires WIOA assistance:

Yes Obtain Verification No

The selected training program is directly linked to demand occupations in Madera County (please describe):

Yes No

Customer has the skills and qualifications to successfully complete the selected program:

Yes No

PLAN OF ACTION

Based on priority of services, evaluation of data collected in assessment and the interview process with the customer, services to be provided may be one activity or a combination of activities authorized under WIOA which include but are not limited to the following:

Educational Assistance Occupational Skills Training Work Based Training Job Placement Services Supportive Services

A combination of WIOA service indicated herein will assist the customer to reach his/her employment goal.

This is not an appropriate time to continue WIOA services to the customer. The customer will be referred to the following agency (s), which is better prepared to meet the customer’s needs. The customer may re-apply for service at a later date.

COMMENTS AND NEEDS ASSESSMENT SUMMARY

Referrals (Other Providers):

Name of Provider: _____ Date: _____

Services, Training or Needs to be met. _____

Name of Provider: _____ Date: _____

Services, Training or Needs to be met: _____

I understand the primary goal for providing Workforce Innovation and Opportunity Act services is to assist me in becoming gainfully employed and financially secure. The Employment Plan is flexible and is meant to change and adapt as I progress toward sustainable employment.

I understand that Workforce Innovation and Opportunity Act services are not guaranteed. The Individual Employment Plan which has been developed with my participation represents a general plan of services and career pathway strategies that will result in employment and career opportunities to meet my financial goal.

I understand that the Workforce Investment Corporation will not be held responsible for tuition costs over and above the amount of my Individual Training Account and my Pell Grant Award. I will see a breakdown of what those costs will be prior to enrollment in any skills training program that I might choose.

I understand the signed plan is not a guarantee or contract and does not give legal or entitlement rights for services listed. It is understood that the information contained will only be shared with individuals who are directly involved with assisting me in accomplishing my goals.

By signing below, the customer is in agreement with the plan and understands his/her responsibilities. The plan may be changed in the future by joint agreement by both parties.

Customer Signature

Date

Career Specialist Signature

Date

Supervisor Signature

Date