**INDIVIDUAL EMPLOYMENT PLAN – Program name here**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Full Legal Name:** |  | | | | **IEP** **Date:** | date |
| **Preferred Name/Pronoun:** | | |  | **Navigator Name:** | |  |
| **Employment Goal:** | |  | | | | |
| **Long-term LMI:** | | (Info supports training goals, copy of LMI in file) | | | | |

**Training Goals / Activities**

***\*Training providers: Add Names here***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Long-term Training goal:** | |  | | | | **Projected completion:** | | date |
| **Training Goals:** | | | **Start Date:** | | **Completed Date:** | |  | |
|  | **OSHA 10\*** | | date | | date | |  | |
|  | **Forklift Training\*** | | | date | date | |  | |
|  | **Welding\*** | | date | | date | |  | |
|  | **Manufacturing\*** | | date | | date | |  | |

**Program Objectives**

***\*Training Provider: Add Names here***

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Complete Career Assessment:** | | |  | | | **Results:** |  |  |  |
|  | **Math Assessment\*:** |  | |  |  |  | | | | |
|  | **Reading Assessment\*:** | |  |  |  |  | | | | |
|  | **Brush Up Course\*:** | date | |  |  |

**Support Services**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Training Specific:** | | |  | **Co-Enrolled Program(s):** | | |
|  | **Transportation** | Date |  |  | **SNAP** | Date |
|  | **Clothing** | Date |  |  | **WIOA** | Date |
|  |  | Date |  |  |  | Date |
|  |  | Date |  |  |  | Date |

**Participant Agreement**

I agree to inform my Navigator if my phone number, address or situation changes.

I agree to provide my Navigator with the following information: **Employer’s name, my job title, wage, start date, and number of hours per week.**

I agree to cooperate with follow up calls for an additional one year after I exit the program.

I will communicate with my instructors and staff about any concerns I have.

I have read and understand what is stated in this agreement. Signing below means that I agree to follow what has been outlined in this agreement. If I do not adhere to the items in this agreement, I could be asked to leave the program.

Client Signature:  Date: date