|  |
| --- |
| Organization Name |

# Individual Employment Plan

M1\_\_\_\_\_ M2\_\_\_\_\_ M3\_\_\_\_\_

## Participant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Legal Name: |  |  |  | Today’sDate: |  |
|  | Last | First | Middle |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | |  | |  | |  |
|  | | City | | State | | ZIP Code |
|  | | Phone number | | Email | |  |
| Employment  Counselor: |  | | Referral Source: | |  | | |

## What is your primary interest at this time?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Job Placement | Details: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Training/ Education | Details: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Supports | Details: |  |

## Tell us about yourself

What motivates you to do your best on the job and/or in school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
What strengths or characteristics do you possess that make you a great employee/student? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where do you see your career 5 years from now? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your short/long term financial goals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
What is your primary mode of transportation? Car Bus Train No Vehicle

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Comments** |
| Do you have a valid Driver’s license? |  |  |  |
| Do you have auto insurance? |  |  |  |
| Do you usually have money for gasoline? |  |  |  |
| Do you have adequate food? |  |  |  |
| Do you have stable, safe housing? |  |  |  |
| Do child care expenses affect my finances? |  |  |  |
| Do you have adequate work clothing? |  |  |  |
| Is your family supportive of you and your goals? |  |  |  |
| Do you need accommodations/assistive technology at school/work? |  |  |  |

## Support Services/Referrals Requested

*There are barriers to gaining and keeping employment and the program may provide supports. Please indicate areas of need.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Transportation | Details: |  |
|  | Clothing | Details: |  |
|  | Access to Healthcare | Details: |  |
|  | Nutrition/Food | Details: |  |
|  | Other: \_\_\_\_\_\_\_\_\_ | Details: |  |
|  | Other: \_\_\_\_\_\_\_\_\_ | Details: |  |
|  | Other: \_\_\_\_\_\_\_\_\_ | Details: |  |

## Skills / Training / Credentials

*Please provide any applicable training/coursework/credentials you have previously completed. EX: Certified Nursing Assistant, Phlebotomy, CPR*

## Skills/Occupational Training Plan

*The skills/training that I am interested in and plan on completing are:*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Start  Date |  | Expected Completion |  | Completion  Date |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Start  Date |  | Expected Completion |  | Completion  Date |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Start  Date |  | Expected Completion |  | Completion  Date |  |

## Current Employer (If Applicable)

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title |  | Company |  |
| Start Date |  | End Date |  |
| Hourly Wage |  | Hours/week |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Benefit Type |  | Offers Health Insurance/Retirement |  | Does NOT offer Health Insurance/Retirement |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Wage Type |  | Subsidized |  | Unsubsidized |  | Unpaid/Volunteer |

|  |  |
| --- | --- |
| Responsibilities: |  |
|  |  |

## Ideal Employer

|  |  |  |
| --- | --- | --- |
| Company: |  |  |
| Geographic location: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title: |  | Starting Salary: | $ |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Full-Time / Part-Time: |  |

Benefits desired: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any necessary job accommodations (ADA, cultural, or other) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Professional References

|  |  |  |  |
| --- | --- | --- | --- |
| 1.) Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| 2.) Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| 3.) Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |

## Short Term Goals

|  |  |  |
| --- | --- | --- |
| **My Employment Goals are:** |  | **My Financial Goals are:** |
|  |  |  |
| **Steps** |  | **Steps** |
| **1** |  | **1** |
| **2** |  | **2** |
| **3** |  | **3** |

## Long Term Goals

|  |  |  |
| --- | --- | --- |
| **My Employment Goals are:** |  | **My Financial Goals are:** |
|  |  |  |

## Signatures

*Agreement: In order to continue to receive services and supports from the program, I agree to maintain one-on-one contact with my Employment Counselor at least once every 30 days.*

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Participant | Date | Employment Counselor | *Date* | |

## IEP Activity Log

|  |  |  |
| --- | --- | --- |
| Date | Activity | Signature |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |