**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