

DISLOCATED WORKER PROGRAM - INDIVIDUAL EMPLOYMENT PLAN

Client Name: _____ Record ID: _____ Enroll Date: _____

Job Title: _____ O*NET (former job): _____ Yrs: _____ Project: _____

Phone 1: _____ Phone 2: _____ Email: _____

ENROLLMENT INTERVIEW / COUNSELOR NOTES

Record Client's...

- Layoff Date
- Unlikely to Return
Explanation
- Education
- 10-year
Work History
- Primary Skills
- Family
- Health
- Financial Health
- Severance Info
- Next Steps

BARRIERS

(Check one)

- None
- Dated skills
- Skills Non-transferable
- Skills Obsolete
- Un-credentialed
- Unskilled

(Check all that apply)

- Age
- Physical Limitations
- Mental Health
- Offender Status
- Mass Layoff
- Declining Industry
- Basic Skills
- Computer Skills

ASSESSMENT (WORK READINESS/ JOB SEARCH READINESS)

ACTION STEPS (TO ADDRESS BARRIERS, SET & REACH GOALS)

START

END

EMPLOYMENT GOAL

ADDITIONAL NEEDS (KNOWLEDGE/SKILLS/GOALS)

DEED DATA & JOB POSTINGS

LMI % + Wages: _____

Job Postings in File

JOB SEARCH ACTIVITIES

<input type="checkbox"/> Assessment (Skills, Knowledge, Abilities)	
<input type="checkbox"/> Resume Development	
<input type="checkbox"/> Job Search Strategies	
<input type="checkbox"/> Interview Coaching	
<input type="checkbox"/> Other: _____	

TAA CHECKLIST

<input type="checkbox"/> TAA Eligible
<input type="checkbox"/> Comprehensive assessment of skills and service needs through assessment tools and in-depth interviewing
<input type="checkbox"/> Development of an individual employment plan
<input type="checkbox"/> Information on training available in local area
<input type="checkbox"/> Financial aid information, including section 402F of the Higher Education Act of 1965
<input type="checkbox"/> Short-term prevocational services
<input type="checkbox"/> Individual career counseling
<input type="checkbox"/> Provide regional labor market information
<input type="checkbox"/> Supportive services information

FUNDING STATEMENT

The State of Minnesota requires us to read the following statement to you at this time. By signing and dating the bottom of this form, you are stating that you understand the following guidelines for training money:

"We have funding to provide training related to your employment plan right now. However, we only pay for current classes that start within 30 days of your request. Future funding is on a semester by semester basis, with passing participation in the class and the receipt of your certification, transcript and/or certificate, verifying your training completion. Future training is also dependent on available funds by the State or Federal government and is not guaranteed."

- I have read the above funding statement _____
(Client Initials)
- I agree to release relevant contact information (name, phone, address, email) to training providers _____
(Client Initials)

TRAINING PLAN

Employment Goal: _____ (Include: Program Title, Provider, Estimated Cost Credential/Non-Credential, and date information)	Consent Release?	Est. Start Date	Est. End Date	Finished?	Credential Obtained?
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

CLIENT RESPONSIBILITIES

SUPPORT SERVICES (INCLUDE DATES)

<input type="checkbox"/> 30 Day Contact _____ (Client Initials)	<input type="checkbox"/> Financial Profile
<input type="checkbox"/> Placement Details _____ (Client Initials)	<input type="checkbox"/> Determine Need
	<input type="checkbox"/> Gas/Bus Card

SIGNATURES

Participant Signatures	Date	Counselor Signatures	Date