

Individual Employment Plan/Action Plan

This form is to be completed by the agency staff person and the participant together and is to be signed on the second page.

First Name	Middle Name	Last Name
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Employment /Education Goal

Employment /Education Goal (Occupation Title & LMIO Code)		
Expected Starting Salary \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Current Median Wage for Occupation \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Current Labor Market Information (LMI)

Participant Summary

Summarize current situation and previous history. Include information such as position titles, dates, skills and responsibilities.

Current situation:
Prior work experience including current or most recent employment:
Prior education and/or training:
Current motivations:

Current Challenges to Reaching Goals

Missing/Expired ID, SS Card, or other documentation	<input type="checkbox"/> Yes	Current Legal Concerns	<input type="checkbox"/> Yes
Lack of Post-secondary Education or Training	<input type="checkbox"/> Yes	Criminal Background	<input type="checkbox"/> Yes
Lack of Credential(s)	<input type="checkbox"/> Yes	Medical Concerns ie, Health Problems, Mental Health, Chemical Health	<input type="checkbox"/> Yes
Outdated Skills	<input type="checkbox"/> Yes	Homelessness/ Unstable Housing	<input type="checkbox"/> Yes
No HS Diploma/ GED	<input type="checkbox"/> Yes	Single HH w/Dependent minor(s)	<input type="checkbox"/> Yes
Low Math/Reading Skills	<input type="checkbox"/> Yes	Unreliable Childcare	<input type="checkbox"/> Yes
Limited English	<input type="checkbox"/> Yes	Domestic Violence	<input type="checkbox"/> Yes
Lack of Relevant Work History	<input type="checkbox"/> Yes	Family or other caregiving needs	<input type="checkbox"/> Yes
Lack of Transportation/Transportation Costs	<input type="checkbox"/> Yes	Other:	<input type="checkbox"/> Yes
Is there anything else that might prevent you from obtaining employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Details:		

Career/Interest Assessment

Name of Assessment	Results:
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Current Long-term Goal

What is something that you can do in order to reach your Employment Goal? Long-term goals can sometimes take a year or more to achieve. i.e. *complete training program, find job working in _____ occupation, complete GED.*

Current Long-term Goal				
What specific actions will you take to reach this goal?				
When will you begin to take action on this?		When do you plan to have this completed?		Actual completion date
Status:				

Current Short-term Goal

What is something that you can do in the next week or next month that will support you in reaching your long-term goal? Often involves addressing challenges listed on previous page. i.e. *get license renewed, update resume, or take placement tests for training program.*

Current Short-term Goal		
What specific actions will you take to reach this goal?		
When will you begin to take action on this?	When do you plan to have this completed?	Actual completion date
Status:		

Training / Education Paths

This section is to be completed for participants who are interested in or enrolling in training or educational programs.

Name of Academic Assessment		Math Score	Reading Score
Training Start Date		Estimated End Date	Actual End date
Estimated Cost of Training \$	Actual Cost of Training \$	Did Program Participant Complete training? <input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate/Credential Achieved? <input type="checkbox"/> Yes <input type="checkbox"/> No

Participant Signature	Date
Staff Signature	Date