

Individual Employment Plan WIOA Adult & Dislocated Worker Program

Page 1-2 to be completed by WIOA Participant

Page 3-5 to be completed by WIOA Program Manager

Date: _____

General Information

Name: _____

Street Address: _____

City/State/Zip: _____

Phone Number: _____

Work History

| Employer | Dates Employed | Brief Description of Duties |
|----------|----------------|-----------------------------|
| 1. | | |
| 2. | | |
| 3. | | |

Education Information

- | | | |
|--|--|--|
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> General Education Diploma (GED) | <input type="checkbox"/> Vocational/Technical Training |
| <input type="checkbox"/> Associates Degree | <input type="checkbox"/> Bachelors Degree | <input type="checkbox"/> Masters Degree and Above |
| <input type="checkbox"/> None of the above | | |

If no high school diploma, last grade level completed: _____

If applicable, post-secondary training program: _____

Career/Training Interests

| | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

Self-Assessment

| Job Search Skills | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you have an up-to-date resume? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you have a cover letter that goes with your resume to submit for jobs? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you know how to submit an online application for jobs? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you have an email address for employers to use to contact you? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you have clothing that is appropriate to wear to a job interview? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | If an employer looked at your Facebook or social media page, would they hire you for a job? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you know how to use the Virginia Workforce Connection? |

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| Job Retention Skills | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you ever walked off a job without giving notice? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you had more than one job that lasted less than a year? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Can you use all of your past employers as references? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Did you ever leave a job because of a conflict with a supervisor? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you left a job or been terminated because of a conflict with a coworker? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you had any problems with punctuality or attendance at a job? |

| Vocational Skills, Occupational Skills, Academics and Training | | |
|--|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Can you navigate the Internet and use a computer proficiently? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Can you use Microsoft Word, Excel, and PowerPoint? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are you currently in training, high school, vocational school, or working on your GED? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you have a high school diploma or GED? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you earned any licenses, certificates, or degrees? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are you interested in going back to school to gain more skills? |

| Challenges to Education or Employment | | |
|---------------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are you pregnant or parenting? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | If so, do you have reliable childcare? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you have reliable transportation? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you have a valid Driver's License? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you ever been arrested or convicted of a crime other than a traffic violation? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you have a stable living situation? |

Responsibilities of WIOA Program Participants:

1. Agree to contact the designated WIOA Program Manager at a minimum of once a month, or more, as needed.
2. If provided training resources, attend training regularly and make satisfactory progress.
3. Actively seek and accept training related employment upon completion of services.
4. Provide specific information regarding employment before leaving the program.
5. Respond to all surveys and other requests for information including follow-up interviews after leaving the program.
6. Notify the WIOA Program Manager of changes in:
 - Training Status
 - Employment Status (including part-time and temporary work)
 - Eligibility for Pell or other grants
 - Address or Phone Number
7. Under that WIOA funding is always contingent upon the availability of funds to the Workforce Development Area.

Customer Signature

WIOA Program Manager Signature

Barriers to Employment

- | | | |
|---|---|---|
| <input type="checkbox"/> Basic Skills Deficient | <input type="checkbox"/> English as a Second Language (ESL) | <input type="checkbox"/> No Child Care |
| <input type="checkbox"/> School Drop Out | <input type="checkbox"/> No Transportation | <input type="checkbox"/> No Job Opportunities |
| <input type="checkbox"/> Lacks Skills/Training/Credential | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Lacks Work History |
| <input type="checkbox"/> Criminal Record | <input type="checkbox"/> No Driver's License | <input type="checkbox"/> Homeless |

Individualized Career Services

| | Activity | Start Date | End Date |
|--------------------------|--|-------------------|-----------------|
| <input type="checkbox"/> | Comprehensive & Specialized Assessments | | |
| <input type="checkbox"/> | Individual Employment Plan Development | | |
| <input type="checkbox"/> | Group Counseling | | |
| <input type="checkbox"/> | Individual Counseling | | |
| <input type="checkbox"/> | Career Counseling/Planning | | |
| <input type="checkbox"/> | Short-term prevocational services | | |
| <input type="checkbox"/> | Internships or Work Experience | | |
| <input type="checkbox"/> | Workforce Preparation Activities | | |
| <input type="checkbox"/> | Financial Literacy Services | | |
| <input type="checkbox"/> | Out-of-area Job Search Assistance & Relocation Assistance | | |
| <input type="checkbox"/> | English Language Acquisition or Integrated Education/Training Programs | | |

Assessments

Basic Skills Assessment

Test Administered: _____

Results:

Reading: _____ Math: _____ Language: _____

Interest/Aptitude Assessment

Test Administered: _____

Results (Top 3 Interests):

1. _____
2. _____
3. _____

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Training Services

| | Activity | Start Date | End Date |
|--------------------------|---|-------------------|-----------------|
| <input type="checkbox"/> | Occupational Skills Training | | |
| <input type="checkbox"/> | On-the-Job Training | | |
| <input type="checkbox"/> | Cooperative Education Program | | |
| <input type="checkbox"/> | Skill Upgrading & Retraining | | |
| <input type="checkbox"/> | Entrepreneurial Training | | |
| <input type="checkbox"/> | Transitional Job | | |
| <input type="checkbox"/> | Job Readiness Training provided in combination with other training services | | |
| <input type="checkbox"/> | Adult education and literacy activities | | |
| <input type="checkbox"/> | Customized training | | |

**Training Plan must be completed for training services provided showing training provider, cost, and projected start and end dates.*

Training Information

Describe the training services the participant will receive, including provider, anticipated results, and labor market information (wage rate and anticipated growth).

Supportive Services Needs

Describe any supportive services that the participant may need to access additional education or employment opportunities.

Customer Signature

WIOA Program Manager Signature

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IEP Review

This Individual Employment Plan (IEP) should be reviewed and updated (as needed) every 90 days.

No changes to IEP are necessary at this time.

If applicable, summarize changes necessary:

Date

Program Manager Signature

Participant Signature

No changes to IEP are necessary at this time.

If applicable, summarize changes necessary:

Date

Program Manager Signature

Participant Signature

No changes to IEP are necessary at this time.

If applicable, summarize changes necessary:

Date

Program Manager Signature

Participant Signature

No changes to IEP are necessary at this time.

If applicable, summarize changes necessary:

Date

Program Manager Signature

Participant Signature
