

Page 1-2 to be completed by WIOA Participant
Page 3-7 to be completed by WIOA Program Manager

Date: _____

General Information

Name: _____
 Street Address: _____
 City/State/Zip: _____
 Phone Number: _____
 Email Address: _____

Work History

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

Education Information

- High School Diploma
 General Education Diploma (GED)
 Vocational/Technical Training
 Associates Degree
 Bachelors Degree
 Masters Degree and Above
 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?

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. Understand that WIOA funding is always contingent upon the availability of funds to the Workforce Development Area.

Customer Signature (parent/guardian if applicable)

WIOA Case Manager Signature

Youth Program Status (Check all that apply.)

- | | | |
|--|--|--|
| <input type="checkbox"/> In-School Youth | <input type="checkbox"/> Out-of-School Youth | <input type="checkbox"/> In Post-Secondary |
| <input type="checkbox"/> In Secondary | <input type="checkbox"/> H.S. Graduate | <input type="checkbox"/> Drop-Out |

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 |
| <input type="checkbox"/> Lacks Life Skills | <input type="checkbox"/> Lacks Work Readiness | <input type="checkbox"/> Lacks financial literacy skills |

Assessments

Assessment Type	Date	Test Administered	Score/Report	Summary
Math Pre-Test				
Math Post-Test				
Reading Pre-Test				
Reading Post-Test				
Interest/Aptitude				
Other:				

Youth Program Elements/Goals

Describe the plan of action and goals for the participant including education needed, barriers to address and anticipated results.

Element to be Addressed:

- | | |
|--|---|
| <input type="checkbox"/> Tutoring, Study Skills Training and Instruction | <input type="checkbox"/> Alternative Secondary School/Dropout Recovery Services |
| <input type="checkbox"/> Paid/Unpaid Work Experiences | <input type="checkbox"/> Occupational Skills Training |
| <input type="checkbox"/> Contextualized Learning | <input type="checkbox"/> Leadership Development Opportunities |
| <input type="checkbox"/> Supportive Services | <input type="checkbox"/> Adult Mentoring |
| <input type="checkbox"/> Follow-up Services | <input type="checkbox"/> Comprehensive guidance and counseling |
| <input type="checkbox"/> Financial Literacy Education | <input type="checkbox"/> Entrepreneurial Skills Training |
| <input type="checkbox"/> Labor Market and Employment Information | <input type="checkbox"/> Transition activities that lead to postsecondary education |

Goal: _____

Measurable: _____

Start Date: _____

Projected End Date: _____

Summary: _____
(Include provider or employer and describe activities) _____

End Date: _____

Staff Signature: _____



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Staff Signature: _____

IEP Review

This Individual Employment Plan (IEP) should be reviewed and updated (as needed) every 60 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

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Participant Signature

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