

<input type="checkbox"/> Resume/Cover Letters: Development	Service Offered Yes or No	Service Provided Yes or No
<input type="checkbox"/> Computer Skills Workshops	Service Offered Yes or No	Service Provided Yes or No
<input type="checkbox"/> Supportive Services (List Specific):	Service Offered Yes or No	Service Provided Yes or No
<input type="checkbox"/> List Additional Assistance (List Specific):	Service Offered Yes or No	Service Provided Yes or No

Identify Appropriate Achievement Objectives

Achievement Objectives (List all short term goals to help achieve employment goal):

Services Needed to Achieve Employment Goal

Services Needed (List all services needed to help achieve employment goal):

Work History (See additional work history on page 8)

Work History 1			
Name of Most Recent Employer:		Job Title:	
Contact Name:		Phone Number: () - Ext.:	
Street Address:		PO Box:	
City:		State:	Zip:
Employment Start Date: / /	Avg. Hours Worked per Week:	Ending Wage: \$ per	
Employment End Date: / /		[] hour [] week [] month	
Did you Supervise employees: [] Yes [] No		If Yes, how many:	
Describe your duties and responsibilities for each Job Title held:			

Transferable Skills

*Use Checklist from Illinois WorkNet attach sheet and list here

Transferable Skills (List all Skills that can be applied in a variety of Occupations and Job Titles):		

Barriers to Employment

Barriers to Employment / Supportive Services Needed for Employment (Barriers to Employment are anything that can impede the customer's chances at obtaining suitable employment. Barriers can include legal, health, physical limitations, transportation, day care, housing assistance, dependent care, needs-related payments, educational, etc):		

Notes:
Referrals:

Testing/Assessment

List All Tests/Assessment Completed:			
Reading Score:	Date Completed:	Math Score:	Date Completed:
Other Test Name:	Other Test Score/Result:		

Basic Skills Deficient: Yes No

Education

High School Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Diploma <input type="checkbox"/> GED
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Business/Trade School

Business/Trade School Name:	Address:		
City:	State:	Zip:	
Training Start Date: / /	Training End Date / /		
List Degree/Certificate Obtained:	Course of Study:		

College – Undergraduate

College Name:	Address:		
City:	State:	Zip:	
College Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number or Years Completed:		
Training Start Date: / /	Training End Date: / /		
Credit Hours Earned:	Major Course of Study:		
Minor Course of Study:	List Degree/Certificate Obtained:		

Signatures

I have participated in the development of this IEP:

Participant Initials: _____

Participant Signature: _____

Date: _____

Career Planner Signature: _____

Date: _____

Reviews/Changes/Updates for the original Individual Employment Plan

REVIEW and/or UPDATE every 90 days

Customer/Career Planner must initial/date all reviews, changes, updates to Plan

Date for Review/ Change/Update	Reason for Review/Change/Update	Career Planner Signature	Customer Signature

Date for Review/Change/Update	Reason for Review/Change/Update	Career Planner Signature	Customer Signature

Additional Work History:

Work History 2		
Name of Most Recent Employer:		Job Title:
Contact Name:		Phone Number: () - Ext.:
Street Address:		PO Box:
City:	State:	Zip:
Employment Start Date: / /	Avg. Hours Worked per Week:	Ending Wage: \$ per [] hour [] week [] month
Employment End Date: / /		
Did you Supervise employees: [] Yes [] No		If Yes, how many:
Describe your duties and responsibilities for each Job Title held:		

Work History 3		
Name of Most Recent Employer:		Job Title:
Contact Name:		Phone Number: () - Ext.:
Street Address:		PO Box:
City:	State:	Zip:
Employment Start Date: / /	Avg. Hours Worked per Week:	Ending Wage: \$ per [] hour [] week [] month
Employment End Date: / /		
Did you Supervise employees: [] Yes [] No		If Yes, how many:
Describe your duties and responsibilities for each Job Title held:		