Workforce Innovation and Opportunity Act Individual Employment Plan

Participant Information

LWIA #:	Participant SSN: XXX-XX -		Applica	tion Date:	/	/
Last Name:	First Name:		Middle Initial:			
Street Address:			Apt.	:		
City:	State:		Zip:			
Phone Numbers: Home		Cell				
() -		() -				
Email:			County	/:		

Employment Goal and Assistance

Employment Goal:				
Wage Expectation: \$ per hour	Distance Willing	to Travel:	miles	
Employment Assistance (Indicate the type(s) of ass	istance the particip	pant needs	to reach employme	ent goal):
[] Registration with IDES	Service Offered	Yes or No	Service Provided	Yes or No
[] Registration with Illinois workNet	Service Offered	Yes or No	Service Provided	Yes or No
[] Comprehensive Assessment	Service Offered	Yes or No	Service Provided	Yes or No
[] Financial Aid Assistance	Service Offered	Yes or No	Service Provided	Yes or No
[] Skills Workshops	Service Offered	Yes or No	Service Provided	Yes or No
[] Career Counseling	Service Offered	Yes or No	Service Provided	Yes or No
[] Labor Market Statistics Provided	Service Offered	Yes or No	Service Provided	Yes or No
[] Review of Supportive Services	Service Offered	Yes or No	Service Provided	Yes or No
[] Review of Occupational Classroom Training Opportunities	Service Offered	Yes or No	Service Provided	Yes or No

[] Resume/Cover Letters: Development	Service Offered	Yes or No	Service Provided	Yes or No
[] Computer Skills Workshops	Service Offered	Yes or No	Service Provided	Yes or No
[] Supportive Services (List Specific):	Service Offered	Yes or No	Service Provided	Yes or No
[] 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	Ending Wage: \$ per
Employment End Date: / /	per Week:	[] hour [] week [] month
Did you Supervise employees: [] Yes [] No	If Yes, how many:	
Describe your duties and responsibilities for each Job	Title held:	

Updated: 10.17.23

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 Imitations, 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:			/Result:	
Basic Skills Deficient: [] Yes [] No				

Education

High School Graduate: [] Yes [] No	[] Diploma [] GED	

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: [] Yes [] 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:	

College-Graduate

College Name:	Address:	
City:	State:	Zip
College Graduated: [] Yes [] No	Number or Years Completed:	
Training Start Date: / /	Training End Date: / /	
Credit Hours Earned:	Course of Study:	
Additional Course of Study:	List Degree/Certificate Obtained:	

Training Goal/Credentials

List/Describe Customer's Training Goal(s) and What Industry Recognized Credential(s) will be obtained:	

Voc	ational/Occupat	tional Train	ing Plan
Vocational/Occupational Program	Name:		
Training Institution Name:			
Address:			
City:	State:		Zip:
Training Start Date:		Training Pl	anned End Date:
Cost of Training: \$		Remedial C	Classes Needed: Yes or No
		Pre-requisit	te Classes Required: Yes or No
Additional Services to be provided d	uring training:		

Sign	<u>atures</u>	
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		Career Planner	Customer
Review/Change/Update	Reason for Review/Change/Update	Signature	Signature

Additional Work History:

Job Title:
Phone Number: () - Ext.:
PO Box:
State: Zip:
. Hours Worked per Ending Wage: \$ per
ek: [] hour [] week [] month
If Yes, how many:
ïtle held:

tle: e Number: () - Ext.:
X:
Zip:
Worked per Ending Wage: \$ per
[] hour [] week [] month
how many:
1:
1