



<input type="checkbox"/> Review of Work-based Learning Opportunities	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"/> List Additional Assistance:	Service Offered Yes or No	Service Provided Yes or No
<input type="checkbox"/> List Additional Assistance:	Service Offered Yes or No	Service Provided Yes or No

### Work History

<b>Work History 1</b>		
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: <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, how many:
Describe your duties and responsibilities for each Job Title held:		

<b>Work History 2</b>		
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: <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, how many:
Describe your duties and responsibilities for each Job Title held:		

<b>Work History 3</b>		
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: <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, how many:
Describe your duties and responsibilities for each Job Title held:		

### Transferable Skills

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

### Barriers to Employment

<b>Barriers to Employment / Supportive Services Needed for Employment</b> (Barriers to Employment are anything that can impede the participant'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):		
<b>Notes:</b>		
<b>Referrals:</b>		

### 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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:
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**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 Participant's Training Goal(s) and What Industry Recognized Credential(s) will be obtained:
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**Vocational/Occupational/Work-Based Learning Training Plan**

Vocational/Occupational Program Name:	WBL Type: OJT WEX Apprenticeship Other: _____	
Training Institution Name:		
Address:		
City:	State:	Zip:
Training Start Date:	Training Planned End Date:	
Cost of Training: \$ _____	Remedial Classes Needed: Yes or No Pre-requisite Classes Required: Yes or No	
Additional Services needed while participating in Training:		

**Signatures**

<b>I have participated in the development of this IEP:</b>	Participant Initials: _____
Participant Signature: _____	
Date: _____	

Career Planner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Reviews/Changes/Updates for the original Individual Employment Plan**

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

Date for Review/Change/Update	Reason for Review/Change/Update	Career Planner Initials	Participant Initials

<b>Date for Review/Change/Update</b>	<b>Reason for Review/Change/Update</b>	<b>Career Planner Initials</b>	<b>Participant Initials</b>

