Initial Individual Employment Plan

Participant Name: _____   Date Developed _____

EMPLOYMENT PLAN

The participant's Primary Goal is to obtain employment in one of the following possible areas:

1. _____

2. _____

3. _____

within   ☐ 6 months – 12 months   ☐ 12 months – 24 months   ☐ 24 months – 48 months

COMMUNITY SERVICE TRAINING

Based on my employment goals, I will complete my Community Service Assignment training at

_____ as a _____
(Name of Host Agency)   (Community Service Assignment Title)

To help me improve my skills in the following areas _____

_____

I will train at this host agency and staff will reevaluate my placement at this Host Agency at my next
reassessment and IEP update by _____.
                                   (Date)

TRAINING NEEDED

In order to achieve my employment goal I will need to complete the following tasks:

MY EDUCATION/TRAINING

☐ Certification in _____

     Where _____ Start Date _____ End Date _____

☐ Community College training in _____

     Where _____ Start Date _____ End Date _____

☐ Short Term Skills training in _____

     Where _____ Start Date _____ End Date _____

☐ Computer Classes

     ☐ Microsoft Word   ☐ Excel   ☐ Adobe Acrobat   ☐ Internet   ☐ Keyboarding

     ☐ Other _____

     Where _____ Start Date _____ End Date _____

☐ Educational Classes

     ☐ ESL   ☐ GED   ☐ Other _____

     Where _____ Start Date _____ End Date _____

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JOB READINESS TOOLS

MY CONTACT INFORMATION	
☐ Have a working phone with an answering machine or voice mail and a professional message	Date to be completed
☐ Have a professional email address	Date to be completed
☐ Check my online profiles (Facebook, LinkedIn, My Space, etc.) to make sure that my public image is professional (if applicable)	Date to be completed
MY SUPPORT NETWORK	
☐ Have a network of friends and business associates who I can call on for help editing my résumé, job leads, coaching and other employment related assistance.	Date to be completed
☐ Have a list of references (coworkers, supervisors, people you have supervised, vendors, customers, etc.) who I am in contact with, who know me and my work well enough to be able to provide me with a strong employment reference	Date to be completed
MY JOB APPLICATION	
☐ Understand the duties and requirements of the job that I am interested in applying for	
☐ Understand the industry that I am interested in getting into or returning to	
☐ Understand the organization that I am interested in applying to	
☐ Have a résumé that shows that I have the skills, knowledge and experience needed to successfully do the job that I am applying for	
☐ Have a cover letter that describes the qualities or experience I have that makes me a good fit for the position I am applying for	Date to be completed
MY INTERVIEW	
☐ Practice interviewing	Date to be completed
☐ Wear appropriate outfit to interview	Date to be completed

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Are my goals SMART?   ✓*Specific*   ✓*Measurable*   ✓*Achievable*   ✓*Realistic*   ✓*Time-Framed*

INITIAL IEP ACTION PLAN

Goal 1	Timeframe
Action Steps: To achieve my community service assignment goal, I need to complete the following Action Steps and Tasks. Time-framed action steps and tasks work best.	*I should be able to complete these by this date:*
Action Step 1	
Task 1	
Task 2	
Action Step 2	
Task 1	
Task 2	
Goal 2	**Timeframe**
Action Step 1	
Task 1	
Task 2	
Action Step 2	
Task 1	
Task 2	

Initial Individual Employment Plan

SUPPORTIVE SERVICES

Based on the previously identified barriers please identify the Supportive Services needed (and referrals to be made) to overcome identified barriers.

Supportive Services Needed	Referral to	Referred by	Date of Referral

AGREEMENT

I understand that this plan will help me in obtaining unsubsidized employment through my community service assignment and training received at the aforementioned host agency. I have assisted in the completion of my Individual Employment Plan (IEP) and I agree with the listed steps to be completed. I also understand that failure to follow through on this plan may result in my termination from the program.

_____   _____   _____   _____

Participant's Signature   Date   Project Director's Signature   Date

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Initial Individual Employment Plan

Case Management Note Space:

Name of source of information: _____

His or her phone number: _____

His or her organization name: _____

His or her title or relationship to participant: _____

Name or Initials of person making note: _____

Date the following information was obtained: _____

Date the information was recorded (if different from when information was obtained): _____