**Individual Employment Plan**

*Workforce Innovation and Opportunity Act (WIOA)*

FORM WIOA I-B – 3.1 (6/24/21)

*For Adult and Dislocated Worker Programs*

Note: This is a living document that may be modified or updated at any time

<table>
<thead>
<tr>
<th>Name:</th>
<th>Participant No.:</th>
<th>Date:</th>
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**Assessment**

Summarize prior work experience:  
Summarize academic and occupational skills levels:

Is participant currently employed?  
[ ] Yes  [ ] No

If yes, do the wages lead to economic self-sufficiency?  
[ ] Yes  [ ] No

If no, can the participant probably find employment leading to economic self-sufficiency with current academic and occupational skills?  
[ ] Yes  [ ] No

Explain reasoning for answers (why or why not?)

List strengths:  
List interests:

List potential pathways or occupations:  
1.  
2.  
3.  
4.

Summarize steps to employment in occupation:  
1.  
2.  
3.  
4.
<table>
<thead>
<tr>
<th>Is participant currently enrolled in postsecondary education? [ ] Yes [ ] No</th>
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<tbody>
<tr>
<td>If yes, give details:</td>
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<td></td>
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<tr>
<th>Is participant currently enrolled in any type of workplace training? [ ] Yes [ ] No</th>
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<td>If yes, give details:</td>
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<table>
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<tr>
<th>Long term goal(s)</th>
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<table>
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<tr>
<th>Short-term goal(s)</th>
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<tr>
<th>What are barriers to meeting these goals?</th>
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<tbody>
<tr>
<td>1.</td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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<tr>
<td>4.</td>
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<th>How will these barriers be overcome?</th>
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<tbody>
<tr>
<td>1.</td>
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<td>3.</td>
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<td>4.</td>
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<th>Are these goals probably realistic? [ ] Yes [ ] No</th>
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<tr>
<td>Explain your answer:</td>
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<tr>
<th>Will these goals probably lead to employment that leads to self-sufficiency? [ ] Yes [ ] No</th>
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<td>Explain your answer:</td>
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**Career Services**

What Career Services are appropriate for the participant to reach his/her goals?
### Training

Must explain how participant meets the 4 requirements before training services may be funded:

- □ Unlikely to obtain or retain self-sufficient (or comparable to past) employment with present skills  
  Explain:

- □ Training will lead to self-sufficiency (or comparable to past wages)  
  Explain:

- □ Have skills and abilities to successfully participate in and complete training  
  Explain:

- □ Desired program of study is on ETPL or is a work-based training  
  Explain:

**STOP** is not all 4 eligibility requirements are not met. Participant is not eligible for training.

**PROCEED** if all 4 eligibility requirements are met.

| Training Plan: ____________________________________________ |
| Begin Expected Start Date: ___________________ |
| Expected Completion Date: ________________ |

### Supportive Services

What supportive services are needed to meet the goal?

### Other Plans:

<p>| Summarize the steps to meeting the primary goal: | To which partners or other entities should participant be referred (or co-enrolled) to meet the goal? |</p>
<table>
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<tr>
<th>What are the participant responsibilities in meeting the goal?</th>
<th>What are the program provider’s responsibilities in meeting the goal?</th>
</tr>
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</table>

Signatures:

This IEP was jointly prepared by (participant)_________________________ and (case manager) ____________________________ on (date) ____________.

It may be modified and/or updated at any time.
Modified/Updated **Individual Employment Plan**

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The following modifications/updates are made to Individual Employment Plan:

Signatures:

This IEP was jointly prepared by (participant)______________________________ and (case manager) ________________________________ on (date)__________.