

Workforce Individualized Employment Plan

Client:		Enrollment Date:	
SSN:		Placement Date:	
DOB:		Client Phone #:	
Site:		Client Email:	
Program:		Population:	
Case Manager :		Vendor:	

Highest Grade Schooling:	
Branch of Service:	
Discharge Type:	
Date of Military Discharge:	
Enrollment Date (Linked from Progress Note Record):	
Placement Date (Linked from Progress Note Record):	
Date Enrolled with AJC:	
Name of Staff Member Completing IEP:	

Short Term Employment Goals: Describe client's goals and date achieved

Date	Immediate Employment Goals	Date Goal Achieved	Goal Complete/Achieved
			() Yes () No () In-Progress
			() Yes () No () In-Progress
			() Yes () No () In-Progress

Long Term Employment Goals: Describe client's goals and date achieved

Date	Long Term Career Goals	Date Goal Achieved	Goal Complete/Achieved
			() Yes () No () In-Progress
			() Yes () No () In-Progress
			() Yes () No () In-Progress

Challenges/Barriers to achieving goals: (Legal, Medical, Transportation, Family, etc)

Date	Barrier Identified	Date Barrier Resolved	Barrier Resolved
			() Yes () No
			() Yes () No
			() Yes () No

Career Goal		Minimum Desired Wage		Desired Start Date	
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Training/Certifications Needed to Achieve Goal:

1. _____	2. _____	3. _____
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List Transferrable Skills to Achieve Goal:

1. _____	2. _____	3. _____
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Client is Seeking (Check all that apply):

<input type="checkbox"/> Full-time Employment (>32 Hours Per Week)	<input type="checkbox"/> Part-time Employment (<32 Hours Per Week)	<input type="checkbox"/> Temp/Seasonal/On Call
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Client Signature:					
Case Manager:					
Other Staff:					
Title:					