



**Individual Employment Plan**  
**Workforce Innovation and Opportunity Act (WIOA)**  
 FORM WIOA I-B – 3.1

**For Adult and Dislocated Worker Programs**

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

Name:	Participant No.:	Date:
<b>Assessment</b>		
Summarize prior work experience:	Summarize academic and occupational skills levels:	
<p>Is participant currently employed? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If yes, do the wages lead to economic self-sufficiency? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If no, can the participant probably find employment leading to economic self-sufficiency with current academic and occupational skills? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>Explain reasoning for answers (why or why not?)</p>		
List strengths:	List interests:	
List potential pathways or occupations: 1.  2.  3.  4.	Summarize steps to employment in occupation: 1.  2.  3.  4.	

<p>Is participant currently enrolled in postsecondary education?     <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If yes, give details:</p>	<p>Is participant currently enrolled in any type of workplace training?     <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If yes, give details:</p>
<p>Long term goal(s)</p>	<p>Short-term goal(s)</p>
<p>What are barriers to meeting these goals?</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p>	<p>How will these barriers be overcome?</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p>
<p>Are these goals probably realistic? <input type="checkbox"/> Yes   <input type="checkbox"/> No   Explain your answer:</p> <p>Will these goals probably lead to appropriate employment? <input type="checkbox"/> Yes   <input type="checkbox"/> No   Explain your answer:</p>	
<p><b>Training</b></p>	<p><b>Career Services</b></p>
<p>Does participant meet eligibility requirements for training?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Unlikely to obtain or retain self-sufficient (or comparable to past) employment with present skills</li> <li><input type="checkbox"/> Training will lead to self-sufficiency (or comparable to past wages)</li> <li><input type="checkbox"/> Have skills to participate in training</li> <li><input type="checkbox"/> Desired program of study is on ETPL or is a work-based training</li> </ul> <p>Explain the answers to these questions:</p> <p>Begin Date: _____</p> <p>Expected Completion Date: _____</p>	<p>Is work experience appropriate for participant?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cannot get appropriate employment through other career services</li> </ul> <p>Are other career services appropriate for participant?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Explain your answers:</p>

<b>Employment Plan</b>	
What is the primary goal?	What career services are needed to meet the goal?
What training services, if any, are needed to meet the goal?	What supportive services are needed to meet the goal?
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?
What are the participant responsibilities in meeting the goal?	What are the program provider's responsibilities in meeting the goal?

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**

Name:	Participant No.:	Date:
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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) \_\_\_\_\_.