



**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

Name:	Participant No.:	Date:
<b>Assessment</b>		
Summarize prior work experience:	Summarize academic and occupational skills levels:	
Is participant currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do the wages lead to economic self-sufficiency? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, can the participant probably find employment leading to economic self-sufficiency with current academic and occupational skills? <input type="checkbox"/> Yes <input type="checkbox"/> 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.	

<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 employment that leads to self-sufficiency?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Explain your answer:</p>	
<p><b>Career Services</b></p>	
<p>What Career Services are appropriate for the participant to reach his/her goals?</p>	

## 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** if not all 4 eligibility requirements are 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:

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?
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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) \_\_\_\_\_.