

**SOUTH CENTRAL WDC  
WIA ADULT  
INDIVIDUAL EMPLOYMENT PLAN**

**DATE** \_\_\_\_\_

**PAGE 1**

**TITLE** \_\_\_\_\_  
**SUBCODE** \_\_\_\_\_

**NAME** \_\_\_\_\_ **SSN** \_\_\_\_\_

**EDUCATION:** \_\_\_ Less Than High School \_\_\_ High School Diploma \_\_\_ GED \_\_\_ Post High School Attendee  
\_\_\_ College Graduate and Above Completed \_\_\_ Grade (if less than high school)

**BASIC SKILLS ASSESSMENT:** Reading Level \_\_\_\_\_ Math Level \_\_\_\_\_ Test \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_

**Job skills, experience and training acquired (what, when and how):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe Core Services received including job search participation and outcomes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous enrollment into other employment and training programs and dates:** \_\_\_\_\_  
\_\_\_\_\_

**Describe services received/planned from other program or fund sources that contributes to completion of this plan (i.e. TANF, DVR, NAFTA, Pell)** \_\_\_\_\_  
\_\_\_\_\_

**Barriers to Employment: (Examples: older worker, limited English, lack of education, lack of child care, disability, transportation limitation, industry declining, etc. (describe in detail):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Primary Occupation Goal** \_\_\_\_\_ **Wage Expected** \_\_\_\_\_

**Goal in local labor market demand occupation?** \_\_\_ Yes \_\_\_ No    **Outside local labor market?** \_\_\_ Yes \_\_\_ No

**Where?** \_\_\_\_\_ **Willing to Relocate?** \_\_\_ Yes \_\_\_ No

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PAGE 2

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NAME \_\_\_\_\_ SSN \_\_\_\_\_

**PLAN OF ACTION**

<u>Activity or Action</u>	<u>Planned Start Date</u>	<u>Planned End Date</u>

Training and/or Supportive Service Needs Identified \_\_\_\_\_

Include an assessment of the person's job readiness and specific employment/training needs. Identify specific strengths and deficiencies. Include an assessment of the persons financial, social and/or supportive needs. Provide the justification for all services to be given including the need for intensive and training services. The services recommended must be of clear benefit to the individual.

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**Participant's agreement with plan: I have participated in the development of this employability/training plan and I agree to participate in the activities specified. I have received a copy of this plan. I understand that the services described in this plan shall be provided on the basis of available funding and maintaining satisfactory progress.**

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\_\_\_\_\_  
Participants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselors Signature

\_\_\_\_\_  
Date