

**SOUTH CENTRAL WDC
DISLOCATED WORKERS
INDIVIDUAL EMPLOYMENT PLAN**

DATE _____

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): _____

_____ Length of time unemployed _____

Describe Core Services received including job search participation and outcomes: _____

Previous enrollment into other employment and training programs: _____

_____ Dates _____

Describe services received/planned from other program or fund sources that contributes to completion of this plan (i.e. 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 Target** _____

Goal in demand occupation ___ Yes ___ No **Labor Market Information** _____

Where? _____ **Willing to Relocate?** _____

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INDIVIDUAL EMPLOYMENT PLAN**

DATE _____

TITLE _____
SUBCODE _____
REVISION# _____

NAME _____ **SSN** _____

PLAN OF ACTION

Activity or Action _____ Planned Start Date _____ Planned End Date _____

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.

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.

Participants Signature

Date

Counselors Signature

Date