

**First** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Last** \_\_\_\_\_ **Counselor** \_\_\_\_\_

**Employment Goal:** \_\_\_\_\_

**Assessment Summary:**

- Documentation attached for unlikely to return to previous occupation (Resume, job postings, LMI)  
 N/A WIOA Adult

Employment History:

Challenges/Concerns:

**1. Steps toward Employment**

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Follow through with UI requirements        | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Follow up on resumes sent/jobs applied for | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Attend networking groups/expand contacts   | <input type="checkbox"/> Other: _____ |

**2. Attend Job Search Workshops Completion Date**

- |   |  |
|---|--|
| <input type="checkbox"/> Career Discovery/Exploration _____ | <input type="checkbox"/> Microsoft Word _____      |
| <input type="checkbox"/> Creative Job Search _____          | <input type="checkbox"/> Budgeting/Financial _____ |
| <input type="checkbox"/> Resume Workshops _____             | <input type="checkbox"/> Other: _____              |
| <input type="checkbox"/> Interviewing _____                 | <input type="checkbox"/> Other: _____              |
| <input type="checkbox"/> LinkedIn _____                     | <input type="checkbox"/> Other: _____              |

**3.** \_\_\_\_\_

Start Date: \_\_\_\_\_ Projected Completion Date: \_\_\_\_\_ Date Completed: \_\_\_\_\_

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**Individual Employment Plan  
DW and Adult Programs**

4. \_\_\_\_\_

Start Date: \_\_\_\_\_ Projected Completion Date: \_\_\_\_\_ Date Completed: \_\_\_\_\_

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Start Date: \_\_\_\_\_ Projected Completion Date: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Start Date: \_\_\_\_\_ Projected Completion Date: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**5. Program Practices**

- I agree to maintain monthly contact; lack of direct contact (over 90 days) will result in exit of the program
- Support services may only be provided to participants (after 30 days of enrollment) who are following their Employment Plan and dependent on the availability of program funds
- Provide job placement information to your counselor: job title, employer, start date, wage, etc.
- Employment counseling services available for 1 year after you become employed

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Updated IEP**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_