



# LOS ANGELES COUNTY

## WIA ADULT AND DISLOCATED WORKER DIRECTIVE

NUMBER: D-DWA-02-022	SUBJECT: REVISED INDIVIDUAL EMPLOYMENT PLAN (IEP)	
DATE: June 23, 2003	EFFECTIVE DATE: Date of Issue	PAGE 1 of 1

TO: ALL WORKSOURCE CENTER DIRECTORS

**THIS DIRECTIVE REPLACES BULLETIN NUMBER IB-DWA-00-008**

Attached, for immediate implementation, is the "Revised" Individual Employment Plan (IEP).

The purpose of this Directive is to provide all Los Angeles County WorkSource Centers with the Revised IEP which should be implemented upon receipt.

The IEP is used to provide intensive services to unemployed workers unable to obtain employment through core services and to employed workers who need additional assistance to obtain or retain employment. This initial assessment provides preliminary information about the individual's skill levels, aptitudes, interests and supportive service needs.

The IEP is an ongoing strategy jointly developed by the customer and the case manager that identifies the customer's employment goals, the appropriate achievement objectives and combination of services to achieve their individual employment goals.

The IEP is a combination of three kinds of data: (1) data about the customer, (2) data about the local labor market and (3) data about community resources that can assist the customer meet his/her employment goals. Each of the customer's IEP service strategy should be focused to bring all of these elements together in a way that best meets the customer's needs and goals.

The IEP will reflect the agency's involvement with the customer's plan. Documentation should be as extensive as possible in order to represent each customer's circumstances and justify the IEP service strategy. If the case manager does not have enough room on the form to document a particular item, they should make reference to a specific location in the progress notes and complete the pertinent information.

IEP Components:

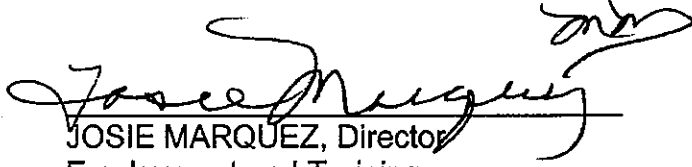
**Part I - CUSTOMER BACKGROUND:** To be completed by the customer, including the second page, Contact Information.

**Part II - INTERESTS AND SKILLS INVENTORY:** To be completed by the case manager after the objective assessment is administered to the customer.

**Part III – EMPLOYMENT PLAN:** To be completed by the customer and the case manager to determine strategy and customer need toward meeting the final goal.

**Part IV – PROGRAM PROGRESS – NOTES** – To be completed by the Case Manager to evaluate and document the progress of the customer during the program and after goal attainment with 12 months of follow-up after termination.

If you have any questions regarding the contents of this form, contact Kathy Newton of my staff at (213) 738-3857. If you would like an electronic version of this form please email Ms. Newton at [knewton@co.la.ca.us](mailto:knewton@co.la.ca.us).

  
JOSIE MARQUEZ, Director  
Employment and Training

Attachment

JM:SM:KN

# COUNTY OF LOS ANGELES

WorkSource Center

## INDIVIDUAL EMPLOYMENT PLAN

### PART I - CUSTOMER BACKGROUND

Qualifying Core Service Received: \_\_\_\_\_

#### SECTION 1: PERSONAL DATA

1. Name: \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print) LAST FIRST MI
2. Address: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP
3. Home Tel. ( ) \_\_\_\_\_ 4. Msg Tel. ( ) \_\_\_\_\_ 5. Birth Date \_\_\_/\_\_\_/\_\_\_
6. Gender:  Male  Female 7. Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
8. Drivers License No. \_\_\_\_\_ 9. State: \_\_\_\_\_ Exp: \_\_\_/\_\_\_
10. Birth Place: \_\_\_\_\_ 11. U. S. Citizen Yes  No   
(CITY, STATE, OR COUNTRY)
12. Alien Registration No. \_\_\_\_\_ (If not a U. S. Citizen)

#### SECTION 2: EMPLOYMENT AND EDUCATION HISTORY

##### 13. Employment History

DATES		JOB TITLE	HOURLY WAGE	DUTIES AND SKILLS
TO	FROM			

##### 14. Education History

Name of Institution	Location	Highest Grade Completed	Degrees/Certificates/ Licenses Earned
LAST HIGH SCHOOL:			
COMMUNITY COLLEGE/TRADE SCHOOL			
COLLEGE/UNIVERSITY			

Customer Name: \_\_\_\_\_

## PART II – INTERESTS AND SKILLS INVENTORY

### SECTION 1: INTERESTS/ACTIVITIES

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15. Customer likes to work with:

- |                          |                              |                                   |                             |
|--------------------------|------------------------------|-----------------------------------|-----------------------------|
| • People                 | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| • Data and or Numbers    | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| • Machinery or Tools     | <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat | <input type="checkbox"/> No |
| • Other (Describe) _____ |                              |                                   |                             |

16. List Current Skills, Hobbies and Interests:

_____	_____
_____	_____
_____	_____
_____	_____

### SECTION 2: JUSTIFYING FACTORS FOR CAREER/EMPLOYMENT GOALS

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- |     |                                      |       |       |
|-----|--------------------------------------|-------|-------|
| 17. |                                      | Yes   | No    |
|     | ➤ Work History or Prior Training     | _____ | _____ |
|     | ➤ Temperament                        | _____ | _____ |
|     | ➤ Availability of Jobs (high demand) | _____ | _____ |
|     | ➤ Motivation                         | _____ | _____ |
|     | ➤ Educational History                | _____ | _____ |

18. Customer has participated in the following career preparation activities:

- \_\_\_\_\_ Research on Careers
- \_\_\_\_\_ Personal Interview
- \_\_\_\_\_ GROW Program
- \_\_\_\_\_ Resume Writing Workshop
- \_\_\_\_\_ Other \_\_\_\_\_

19. Barriers to Employment

- \_\_\_\_\_ Homeless
- \_\_\_\_\_ Offender
- \_\_\_\_\_ Language or cultural barrier
- \_\_\_\_\_ Lacks High School diploma or GED certificate
- \_\_\_\_\_ Other \_\_\_\_\_

Customer Name: \_\_\_\_\_

## **PART III – EMPLOYMENT PLAN**

### **SECTION 1: EMPLOYMENT GOALS**

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20. The employment goals listed below were arrived at using the following labor market information:

\_\_\_ EDD Web Site ([www.calmis.cahwnet.gov](http://www.calmis.cahwnet.gov))

\_\_\_ EDD LMI Handout

\_\_\_ Other Research \_\_\_\_\_

**Short-term Employment Goals:**      1) \_\_\_\_\_

2) \_\_\_\_\_

**Long Term Employment Goals**      1) \_\_\_\_\_

2) \_\_\_\_\_

**Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Customer Name: \_\_\_\_\_

22. Support Services

<p>Justification: _____</p> <p>Provider: _____</p> <p><input type="checkbox"/> Supportive Services:          _____ Child Care          _____ Vision Services          _____ Individual Personal Counseling          _____ Group Counseling          _____ Transportation          _____ Other _____</p>	<p>Begin Date: _____</p> <p>End Date: _____</p> <p>Briefly describe how needs(s) will be minimized or eliminated:</p>	<p>Completed  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p>
<p><input type="checkbox"/> Follow-Up Services (For not less than 12 months after termination)</p>	<p>Justification: Mandatory Post Program Follow-up (refer to post program follow-up notes)</p>	
<p><input type="checkbox"/> Comprehensive Guidance and Counseling (which may include drug and alcohol abuse counseling and referral, as appropriate:          Service Schedule: _____</p>	<p>Begin Date: _____ End Date: _____</p> <p>Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Justification: _____</p> <p>Provider: _____</p>	

Customer Name: \_\_\_\_\_

## Contact Information

I realize that there are situations in which it will be important for my Case Manager to be able to reach me. These situations may include, but not be limited to, notice of job openings, change of appointment times, notice of additional funding and/or service availability. The following are additional contacts:

<b>Name</b>	
<b>Relationship to me</b>	
<b>Address</b>	
<b>Phone number</b>	

<b>Name</b>	
<b>Relationship to me</b>	
<b>Address</b>	
<b>Phone number</b>	

<b>Name</b>	
<b>Relationship to me</b>	
<b>Address</b>	
<b>Phone number</b>	

I realize that for the WorkSource Center and it's partners to provide me with the best services possible and to qualify for any additional funding and/or services that may become available, I am responsible for updating my contact information.

I will always notify my case manager if my address or phone number changes.

**Customer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_







