

Senior Community Service Employment Program

# Individual Employment Plan

## Identification of Needs

\_\_\_\_\_  
*Participant's Name*

\_\_\_\_\_  
*Date Plan Developed*

\_\_\_\_\_  
*Interviewer*

\_\_\_\_\_  
*Date of Previous Plan (if any)*

☐ Participant's general goal with program: \_\_\_\_\_

☐ The participant does not yet know his/her general goal with the program.

It will be determined by: \_\_\_\_\_  
*Date*

<b>Program Activities and Services</b>	<b>What specifically is needed for this person?</b>	<b>What resources or assistance can meet this need?</b>	<b>When can this be done?</b>	<b>Priority (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, etc.)</b>
Pre-Placement Training				
Supportive Services <i>Housing, Transportation, Counseling, etc.</i>				
Occupational Assessment <i>What type of job does the participant want?</i>				
On-the-Job Training <i>Training Site Assignment</i>				
In-service Training/Education <i>Provided by Training Site</i>				
Adult Basic Education <i>GED, math, literacy, etc.</i>				
Job Skills Training <i>Computer, Health Aid, etc.</i>				
Job Search Training <i>Job Search, Job Club, etc.</i>				
Job Search Activities <i>Who will do what?</i>				
Reassignment to New Training Site				

# SCSEP Individual Employment Plan

\_\_\_\_\_  
*Participant's Name*

\_\_\_\_\_  
*Date Plan Developed*

Participant's specific goal with SCSEP is: \_\_\_\_\_

To reach this goal, the participant will complete the following actions:

1.

This action will be completed by the following date: \_\_\_\_\_

Will the participant need assistance from SCSEP to achieve this action? YES ☐ NO ☐

If YES, what assistance? \_\_\_\_\_  
(If more actions are needed attach additional sheet.)

2.

This action will be completed by the following date: \_\_\_\_\_

Will the participant need assistance from SCSEP to achieve this action? YES ☐ NO ☐

If YES, what assistance? \_\_\_\_\_  
(If more actions are needed attach additional sheet.)

3.

This action will be completed by the following date: \_\_\_\_\_

Will the participant need assistance from SCSEP to achieve this action? YES ☐ NO ☐

If YES, what assistance? \_\_\_\_\_  
(If more actions are needed attach additional sheet.)

The participant and SCSEP staff will review progress made on this plan by (Date) \_\_\_\_\_.  
I have assisted in completing this Individual Employment Plan, and I agree with the listed actions to be completed. I understand that failure to follow through on this plan may result in my termination from the program.

Participant's Name \_\_\_\_\_ Date: \_\_\_\_\_

I certify that this Individual Employment Plan was completed with the participation of the Participant.

SCSEP Staff \_\_\_\_\_ Date: \_\_\_\_\_