



Individual Employment Plan

This individual employability plan will help you meet your employment goals. It lists the activities that will assist you in upgrading your skills so you can get and keep quality employment. Your Case Manager will meet with you about your progress and make changes to your plan when needed.

Participant _____

ETO Case # _____

Case Manager _____

Date _____

Occupational Interests [[See All O*Net Occupations \(onetonline.org\)](#)]

Primary Occupational Goal _____ O*Net Code _____ Targeted Wage \$ _____

Secondary Occupational Goal _____ O*Net Code _____ Targeted Wage \$ _____

Shift Preference: ☐ 1st ☐ 2nd ☐ 3rd ☐ Any

Distance willing to commute: _____

Transportation Access: ☐ Driver's License ☐ Bus
☐ Own Vehicle ☐ Taxi/UBER/Lyft

County Preference: ☐ Milw ☐ Oz ☐ Wash ☐ Wauk ☐ Rac
☐ Ken ☐ Other

Identified barriers to Employment _____

Eligibility for Training Services

In need of training to obtain self-sufficiency or comparable wages: ☐ Yes ☐ No

Have the skills/qualifications to complete training: ☐ Yes ☐ No

OJT Appropriate/Eligible: ☐ Yes ☐ No

Skill gaps identified: _____

[Skills Matcher | Careers |](#)

[CareerOneStop](#)

Soft Skill Development Needed: ☐ Yes ☐ No

Work Experience Needed ☐ Yes ☐ No

Training Preparation

Training provider _____ Length of program _____

Support Service Needs: ☐ Yes ☐ No Type _____

Other support service funding options explored: ☐ Yes ☐ No Other sources _____

Career Path for Occupation

1ST Step Training Program _____ Duration _____

Entry Occupation _____

2nd Step Training Program _____ Duration _____

Entry Occupation _____

3rd Step Training Program _____ Duration _____

Entry Occupation _____

Assessment related goals to address barriers, gaps or personal items

Activity 1: _____ Provider: _____

Planned start date: _____ End date: _____ Review date _____ Progress Choose an item.

Activity 2: _____ Provider: _____

Planned start date: _____ End date: _____ Review date _____ Progress Choose an item.

Training goals (to begin/continue training)

Activity 1: _____ Provider: _____

Planned start date: _____ End date: _____ Review date _____ Progress Choose an item.

Activity 2: _____ Provider: _____

Planned start date: _____ End date: _____ Review date _____ Progress Choose an item.

Work readiness goals

Activity 1: _____ Provider: _____

Planned start date: _____ End date: _____ Review date _____ Progress Choose an item.

Activity 2: _____ Provider: _____

Planned start date: _____ End date: _____ Review date _____ Progress Choose an item.

Activity 3: _____ Provider: _____

Planned start date: _____ End date: _____ Review date _____ Progress Choose an item.

IEP Valid/Renewal Dates

The participant program activity will begin on ____/____/____ and will be reviewed/end on ____/____/____

Participant will need to have a current IEP while receiving program services. IEP will need to be updated/reviewed at **a minimum of every six months.**

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TSEEM CEEB! Daim ntawv no muaj ib cov lus tseem ceeb qhia paub txog koj cov cai, cov luag hauj lwm thiab/los yog cov kev pab. Nws yog ib qho tseem ceeb uas koj yuav tau to taub cov lus nyob hauv daim ntawv no, thiab peb yuav muab tau cov lus no txhais ua koj hom lus yam koj tsis tau them nyiaj dab tsi. Hu rau (414)-270-1726 yog xav tau kev pab kom muab cov lus nyob hauv daim ntawv no txhais rau koj kom koj to taub.

**Training word in this document can be educational or any type of work experience training

I agree to do the activities listed on the plan.

Participant Signature _____ Date _____

I have provided an explanation of the conditions and requirements for the activities listed and have provided the opportunity to answer the participant's questions.

Career Coach Signature _____ Date _____

IEP Review This Individual Employability Plan (IEP) should be reviewed and updated (as needed).

☐ No changes to IEP are necessary at this time. ☐ Changes are necessary and summarized below

Participant Signature _____ Case Manager Signature _____ Date _____

☐ No changes to IEP are necessary at this time ☐ Changes are necessary and summarized below

Participant Signature _____ Case Manager Signature _____ Date _____

☐ No changes to IEP are necessary at this time ☐ Changes are necessary and summarized below

Participant Signature _____ Case Manager Signature _____ Date _____