

## EXPANDED SUBSIDIZED EMPLOYMENT INDIVIDUAL EMPLOYMENT PLAN

BACKGROUND INFORMATION	
Name	Date
Email Address	Contact Phone
Referral Source	Date
Service Provider Location	Service Provider Staff
EDUCATION AND TRAINING HISTORY	
Highest Grade completed: _____	
High School Diploma/GED	Yes    Date _____    No
Additional Educational/Vocational Training	Yes    Date _____    No
Area of Concentration: _____	
Diplomas/Degrees/Licenses/Certification Earned (List Type)	

Employment Related Barriers		
<input type="radio"/> Education	<input type="radio"/> Health	<input type="radio"/> Self-Esteem Motivation
<input type="radio"/> Ex-Offender	<input type="radio"/> Disability	<input type="radio"/> Career Focus
<input type="radio"/> Family Problems	<input type="radio"/> Teenage Parent	<input type="radio"/> Reading/Math
<input type="radio"/> Transportation	<input type="radio"/> Housing	<input type="radio"/> Job Searching Skills
<input type="radio"/> Child Care	<input type="radio"/> Clothing	<input type="radio"/> Work History
<input type="radio"/> Language	<input type="radio"/> Psychological	<input type="radio"/> Other
<input type="radio"/> Labor Market Awareness	<input type="radio"/> Work Readiness	

Financial Barriers		
<input type="radio"/> Salary Expectations/Needs	<input type="radio"/> Financial Need	<input type="radio"/> Other

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

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**Career Advancement/Retention Goals**

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**Short Term Action Plan**

1 to 2 months

Action Date	Action	Due Date	Status/Results

**Notes:**

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**Mid Term Action Plan**

3 to 4 months

Action Date	Action	Due Date	Status/Results

**Notes:**

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**Long Term Action Plan**

5 to 6 months

Action Date	Action	Due Date	Status/Results

**Notes:**

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This ESE Individual Employment Plan (IEP) is defined as an evaluation tool to determine proper employment placement. It is agreed that the ESE participant will take action and the Service Provider Staff will provide support.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Service Provider Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_