



## INDIVIDUAL DEVELOPMENT PLAN – PATHWAY HOME 6

**C-OBS Number:** \_\_\_\_\_ **Participant Name:** \_\_\_\_\_

**Case Manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Partner Services:**

Client is receiving services from a partner agency?  Yes  No

Funding Source/ Agency	Service Provided

### Part I: Assessment

#### Basic Skills (optional)

Name of Test (Pre or Post)	Date	Form	Reading Score	Math Score

#### Academic Status

Credential	Date received	School Attended	Field of Study
<input type="checkbox"/> None / <input type="checkbox"/> Dropout			
<input type="checkbox"/> GED Certificate			
<input type="checkbox"/> High School Diploma			
<input type="checkbox"/> College Degree – 2 yr.			
<input type="checkbox"/> College Degree – 4 yr. (+)			
<input type="checkbox"/> Certificate or License			
<input type="checkbox"/> Other			

#### Work Readiness (WR) Skills

Demonstrates all WR Skills listed below

Lacks the following WR Skills:

<input type="checkbox"/> Career Decisions	<input type="checkbox"/> Interviewing	<input type="checkbox"/> Appropriate Appearance
<input type="checkbox"/> Labor Market Info	<input type="checkbox"/> Punctuality	<input type="checkbox"/> Interpersonal Relations
<input type="checkbox"/> Resume	<input type="checkbox"/> Attendance	<input type="checkbox"/> Completing Tasks
<input type="checkbox"/> Applications	<input type="checkbox"/> Positive Attitude	

#### Work History

<input type="checkbox"/> Yes <input type="checkbox"/> No Work History shows long term employment	<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No Has been fired from at least one job	
<input type="checkbox"/> Yes <input type="checkbox"/> No Has written references from previous employers	

**Career Interests**

<b>Top Three Interest Areas</b>	<b>Assessment Tool</b>
1.	
2.	
3.	

**Short-Term Career Goal:**

**Long-Term Career Goal:**

**BARRIERS TO EMPLOYMENT**

<b>Barriers (<i>Check All That Apply</i>)</b>	<b>Referred to (Agency)</b>	<b>Date</b>
<input type="checkbox"/> Transportation		
<input type="checkbox"/> Childcare		
<input type="checkbox"/> Clothing		
<input type="checkbox"/> Food		
<input type="checkbox"/> Housing Assistance		
<input type="checkbox"/> Language/Literacy		
<input type="checkbox"/> Work Equipment/Tools		
<input type="checkbox"/> Tuition Assistance		
<input type="checkbox"/> Medical/ Dental/Optical		
<input type="checkbox"/> Mental Health Services		
<input type="checkbox"/> Peer Support Groups		
<input type="checkbox"/> Substance Abuse Treatment		
<input type="checkbox"/> Legal Services		
<input type="checkbox"/> Disability Disclosure		
<input type="checkbox"/> Other (Specify):		

**Supportive Service Plan**

All other community resources have been explored and exhausted.

Occupational Skills				
Training / Employment Goal	Demand Occupation	Wage Potential	Supported by Interests	Supported by Aptitudes
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II: Employment Plan**

Service Objectives	
<input type="checkbox"/> High School Diploma or HSE <input type="checkbox"/> Improve math and/or reading skills <input type="checkbox"/> Job Hunting Skills <input type="checkbox"/> Job Keeping Skills <input type="checkbox"/> Computer Literacy Skills	<input type="checkbox"/> College Degree <input type="checkbox"/> Occupational Skills <input type="checkbox"/> Skills Upgrade or Advancement <input type="checkbox"/> Vocational Certification or License <input type="checkbox"/> Other: <input style="width: 150px; height: 20px;" type="text"/>

**Occupation Accessibility to Justice-Involved Individuals**  
*All checklist items must be completed for the above listed training/employment goals to ensure occupation is accessible.*

Training /Employment Goal	Training Program Review Checklist:
1.	<p><b>Training Program was reviewed on:</b> <input style="width: 100px; height: 15px;" type="text"/> / <input style="width: 100px; height: 15px;" type="text"/> / <input style="width: 100px; height: 15px;" type="text"/></p> <p><input type="checkbox"/> Training Program was reviewed for any federal, state, or local restrictions causing licensing barriers for individuals with criminal records by consulting with licensing agencies, professional boards, and relevant legal or workforce policy resources.</p> <p><input type="checkbox"/> <b>Any Credential/Licensing Barriers:</b> After reviewing the training program, it can be confirmed that:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> There are no disqualifying restrictions, and the occupation is accessible to justice-involved individuals.</li> <li><input type="checkbox"/> There are federal, state, or local restrictions that might prevent individuals with criminal records from obtaining licenses or credentials:</li> <li><input type="checkbox"/> List restrictions that cause licensing barriers for individuals with criminal records:             <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 5px;"></div> </li> </ul> <p><input type="checkbox"/> <b>Occupation Accessibility Notification Date:</b> Staff have advised the individual on the occupation’s accessibility and if applicable, the disqualifying restrictions or licensing barriers that might prevent them from obtaining the necessary licenses or credentials.  <b>This notification was completed on:</b> <input style="width: 100px; height: 15px;" type="text"/> / <input style="width: 100px; height: 15px;" type="text"/> / <input style="width: 100px; height: 15px;" type="text"/></p>
2.	<p><b>Training Program was reviewed on:</b> <input style="width: 100px; height: 15px;" type="text"/> / <input style="width: 100px; height: 15px;" type="text"/> / <input style="width: 100px; height: 15px;" type="text"/></p> <p><input type="checkbox"/> Training Program was reviewed for any federal, state, or local restrictions causing licensing barriers for individuals with criminal records by consulting with licensing agencies, professional boards, and relevant legal or workforce policy resources.</p> <p><input type="checkbox"/> <b>Any Credential/Licensing Barriers:</b> After reviewing the training program, it can be confirmed that:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> There are no disqualifying restrictions, and the occupation is accessible to justice-involved individuals</li> <li><input type="checkbox"/> There are federal, state, or local restrictions that might prevent individuals with criminal records from obtaining licenses or credentials:</li> <li><input type="checkbox"/> List restrictions that cause licensing barriers for individuals with criminal records:</li> </ul>

**Occupation Accessibility Notification Date:** Staff have advised the individual on the occupation's accessibility and if applicable, the disqualifying restrictions or licensing barriers that might prevent them from obtaining the necessary licenses or credentials.  
**This notification was completed on:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

3.

**Training Program was reviewed on:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- Training Program was reviewed for any federal, state, or local restrictions causing licensing barriers for individuals with criminal records by consulting with licensing agencies, professional boards, and relevant legal or workforce policy resources.
- Any Credential/Licensing Barriers:** After reviewing the training program, it can be confirmed that:
  - There are no disqualifying restrictions, and the occupation is accessible to justice-involved individuals
  - There are federal, state, or local restrictions that might prevent individuals with criminal records from obtaining licenses or credentials:
  - List restrictions that cause licensing barriers for individuals with criminal records:

**Occupation Accessibility Notification Date:** Staff have advised the individual on the occupation's accessibility and if applicable, the disqualifying restrictions or licensing barriers that might prevent them from obtaining the necessary licenses or credentials.  
**This notification was completed on:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Rationale for Training Services (ITA, OJT, CET)**

*All rationale criteria listed below must be applicable.*

- As a result of interview, evaluation, assessment and career planning documented in IEP, the participant:
- is unlikely or unable to obtain or retain employment that leads to self-sufficiency, comparable wages, and
  - is in need of training services to obtain or retain employment leading to self-sufficiency, and
  - has the skills and qualifications to participate successfully in training, and
  - has selected a program of training that is directly linked to local employment or relocation area, and
  - is unable to obtain grant assistance from other sources to pay the full cost of training.

**Individualized Career or Training Services**

Activity <i>(i.e.: OJT, ITA, CET, WEX)</i>	Location/ Training Site	Start Date	Estimated End Date	Actual End Date	Outcome

**Individualized Career or Training Services (continued)**

Activity <i>(i.e.: OJT, ITA, CET, WEX)</i>	Location/ Training Site	Start Date	Estimated End Date	Actual End Date	Outcome

**Client Responsibilities**

I certify that I have actively participated in my assessment and the development of my Individual Employment Plan and agree with the assessed need and plan for service and feel I can achieve the expected results. I understand that the training assistance provided to me is for the purpose of obtaining and retaining employment related to my training. I understand that the staff will follow-up with me up to one year after I obtain employment, and I agree to do the following:

- I will actively participate in job search.
- I will notify my Career Advisor immediately when I obtain employment.
- I will notify my Career Advisor of any change in address, phone number, and employment.
- I agree with the planned goals and services outlined in my Individual Employment Plan (IEP). I have received a copy of this IDP and I am fully committed to taking the steps necessary to reach my occupational and employment goals.

**Client Signature:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

**Case Manager:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

**IDP Review/Revision Dates**

Check One:	Review/Revision Date:	Client Signature	Case Manager Signature
<input type="checkbox"/> Review <input type="checkbox"/> Revision			
<input type="checkbox"/> Review <input type="checkbox"/> Revision			
<input type="checkbox"/> Review <input type="checkbox"/> Revision			
<input type="checkbox"/> Review <input type="checkbox"/> Revision			
<input type="checkbox"/> Review <input type="checkbox"/> Revision			
<input type="checkbox"/> Review <input type="checkbox"/> Revision			
<input type="checkbox"/> Review <input type="checkbox"/> Revision			