**Individual Employment Plan (IEP)**

**Participant Name:** [Type here] **Case Manager:** Type here

## Career/Training Interests:

**Skills/Training Needs:**

## Long-Term Employment Goal

My employment goal is:

I want to accomplish this goal by: **[Click here for date]**  Completed. Date: **[Click here for date]**

Steps to complete this goal:

1.

2.

3.

4.

To reach this goal, I need assistance with:

1.

2.

3.

4.

## Short-Term Employment Goal

My employment goal is:

I want to accomplish this goal by: **[Click here for date]**  Completed. Date: **[Cick here for date]**

Steps to complete this goal:

1.

2.

3.

4.

To reach this goal, I need assistance with:

1.

2.

3.

4.

**Other Barriers to Employment:**

**Referrals to Other Programs/Agencies**

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency/Program Name** | **Reason for Referral**  **(service or resource need)** | **Contact Information** | **Date Referred** |
|  |  |  | date |
|  |  |  | date |
|  |  |  | date |
|  |  |  | date |
|  |  |  | date |

**Additional Notes/Comments:**

This employment plan was developed collaboratively by the veteran participant and case manager. I have reviewed and understand the plan and agree to work towards these goals.

### Signatures:

### 

