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September 2, 2015

**TO:** All One-Stop Contractors of the Orange County Workforce Investment Area

**FROM:** Andrew Munoz  
Community Investment Division Administrator/  
Workforce Investment Board Executive Director 

**SUBJECT: Individual Employment Plan (IEP)  
Individual Initial Assessment  
Informational Form**  
(Interim) Information Notice No. 15-OCWDA-03  
Supersedes Information Notice No. 09-OCWDA-25

**PURPOSE:**

The purpose of this notice is to notify all WIOA One-Stop system contractors of the Orange County Workforce Investment Area's revised WIOA Individual Employment Plan (IEP), Individual Initial Assessment and Sample Informational Form.

Note: This is an interim policy pending the release of WIOA final regulations and future policy guidance issuances by the DOL and the State that impact the IEP. At such time, a final IEP policy will be issued.

**EFFECTIVE DATE:**

This policy is effective on the date of issuance.

**REFERENCES:**

- Workforce Innovation and Opportunity Act (WIOA) Section 134(c)(2)(A)(xii)(II)
- Workforce Innovation and Opportunity Act; Notice of Proposed Rulemaking, 20 CFR 680.180

**BACKGROUND:**

WIOA Section 134(c)(2)(A)(xii)(II) requires the "development of an individual employment plan, to identify the employment goals, appropriate achievement objectives, and appropriate combination of services for the participant to achieve the employment goals, including providing information on eligible providers of training services pursuant to paragraph (3)(F)(ii), and career pathways to attain career objectives."



**ORANGE COUNTY  
WORKFORCE INVESTMENT  
BOARD**

1300 SOUTH GRAND  
BLDG. B, THIRD FLOOR  
SANTA ANA, CA 92705  
PHONE: 714.480.6500  
FAX: 714.834.7132



**POLICY AND PROCEDURES:**

All WIOA One-Stop system contractors will conduct an Individual Initial Assessment for each registered participant and develop an Individual Employment Plan that meets the requirements as cited in WIOA Sec. 134(c)(2)(A)(xii)(II) for participants registered in Individualized Career Services.

1. The initial assessment shall include the review of all available information previously provided by the registered participant (and gathered during initial registration in the One-Stop Center either through the completion of Informational Form or in CalJOBS). A sample Informational Form is included in this policy as Attachment III.
2. IEPs shall be jointly developed by the participant and career planner, completed correctly and reviewed by the career planner, and regularly updated (as needed).
3. Regular updating includes the review and documentation of participant's progress, completion of activities, goal/benchmarks attainment, changes/updates related to the individual assessment, and all other accomplishments.
4. The individual assessment and IEP shall always be kept in the participant file.
5. Activity Code 413 (Develop Individual Service Plan) shall be coded in CalJOBS, kept open during participation in the program, and closed with actual end date at participant exit.
6. Completion of the IEP and any succeeding updates shall be appropriately documented in the case notes.
7. A copy of the completed (or updated) and signed IEP shall be given to the participant.

**ACTION:**

All WIOA One-Stop system contractors of the Orange County Workforce Investment Area will implement the use of the new Individual Employment Plan and Individual Initial Assessment.

**INQUIRIES:**

If you have any questions regarding this policy, please contact your Contract Administrator at 714-480-6500.

**ATTACHMENTS:**

Attachment I – Individual Initial Assessment  
Attachment II – Individual Employment Plan (IEP)  
Attachment III – Sample Informational Form  
Attachment IV – Instructions



# Orange County One-Stop Center

## INDIVIDUAL INITIAL ASSESSMENT

Customer Name \_\_\_\_\_

Date \_\_\_\_\_

Email Address \_\_\_\_\_

Career Planner \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Employment Goal/Occupation: \_\_\_\_\_

Industry Cluster: \_\_\_\_\_

Expected Wage: \$ \_\_\_\_\_ per hour Annual Salary: \$ \_\_\_\_\_

Estimated months to achieve goal \_\_\_\_\_

How many miles are you willing to travel to work: \_\_\_\_\_

Are you willing to Relocate?  Yes  No

Computer Proficiency: (Check one)  No Experience  Beginner  Intermediate  Advanced

Occupational Skills: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION AND TRAINING**

Highest Grade Completed: \_\_\_\_\_

Degree Attained: \_\_\_\_\_

Certificates or Licenses: \_\_\_\_\_

**MOST RECENT EMPLOYER (If available, a copy of the Customer's resume shall be placed in the case file)**

FROM	TO	EMPLOYER	WAGE	JOB TITLE	DUTIES

**SHORT TERM GOAL**

**LONG TERM GOAL**

**BARRIERS RELATED TO EMPLOYMENT AND JOB RETENTION**

BARRIERS	PLANNED SERVICE(S) TO OVERCOME BARRIER	AGENCY TO PROVIDE SERVICE(S)

**SUPPORTIVE SERVICES (Refer to OCWIB Information Notice on Supportive Services)**

NEED	EXPLAIN

**ADDITIONAL COMMENTS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Orange County One-Stop Center INDIVIDUAL EMPLOYMENT PLAN (IEP)

## RATIONALE FOR ENROLLMENT INTO WIOA SERVICES

*(Rationale shall be clear in explaining why the Customer is in need of staff-assisted services and how these services will assist the Customer with attaining employment)*

INDIVIDUALIZED CAREER SERVICE PLAN	START DATE	EST./END DATE	RESULTS

### COMPREHENSIVE ASSESSMENT

Completed Comprehensive Assessment on: \_\_\_\_\_ Assessment Type: \_\_\_\_\_  
 Basic Skills/Grade Levels: \_\_\_\_\_ Math Level: \_\_\_\_\_ Reading Level: \_\_\_\_\_ Testing Date: \_\_\_\_\_

### LABOR MARKET INFORMATION

Conducted career exploration and attained knowledge of:

1.  Yes  No Labor market trends
2.  Yes  No Required skills
3.  Yes  No Training requirements
4.  Yes  No Wage match requirements
5.  Yes  No Non-traditional careers/employment

Labor Market Research Completed On: \_\_\_\_\_  
 Research Tool(s) Used: \_\_\_\_\_  
 Desired Occupation is In-Demand:  Yes  No  
 Desired Industry Sector is a Priority Sector:  Yes  No  
 Interested in non-traditional employment:  Yes  No

## RATIONALE FOR ENROLLMENT INTO TRAINING SERVICES

*(Rationale shall be clear in explaining why the customer is in need of training and how this training will assist the Customer with attaining employment)*

TRAINING SERVICE PLAN	START DATE	EST./END DATE	RESULTS

### FOLLOW-UP SERVICES

*(Follow-up services must be provided for up to 12 months after closure/exit)*

Date of Closure/Exit: \_\_\_\_\_ Closed/Exited with Employment:  Yes  No  
 Global Exclusion:  Yes  No Reason for Exclusion: \_\_\_\_\_

FOLLOW-UP SERVICE PLAN	START DATE	EST./END DATE	RESULTS



# Orange County One-Stop Center

## **PROGRAM AGREEMENT**

I, \_\_\_\_\_, took part in completing/developing this Individual Employment Plan (IEP) with my  
(Participant's Name)  
Career Planner. I have reviewed the initial assessment with my Career Planner and understand and support the recommended goals, outcomes and/or planned services. I understand that the information will be used as a guide in designing program services and activities during my participation in the program. As a participant of the OC One-Stop, I was made aware of and agree to the following:

1. To immediately notify my Career Planner if I change my address, phone number, or email address;
2. To maintain regular communication with my Career Planner (at least once per month);
3. To update my Career Planner of any changes in my employment/education status; and submit appropriate documents (such as paystub, certificates, etc.);
4. To participate in 12 months of follow-up services and activities such as: employment retention; counseling; wage progression; supportive services; and, referrals to partner agencies.

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Participant Signature

Date

---

Career Planner (Print Name/Signature)

Date



# Orange County One-Stop Center INFORMATIONAL FORM

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Social Security Number \_\_\_\_\_ Gender:  Male  Female

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Highest grade completed \_\_\_\_\_ E-mail \_\_\_\_\_ Registered in CalJOBS  Yes  No

Are you a (Check one)  Citizen  Legal Resident  Authorized to work in the U.S.

Have you registered for Selective Service? (Males born after 1959)  Yes  No  N/A

Are you a Veteran?  Yes  No If yes, Dates of Service \_\_\_\_\_

Are you a Disabled Veteran?  Yes  No Recently Separated Veteran (within the last 4 years)?  Yes  No

### RACE (Check all that apply)

African American/Black  American Indian/Alaskan Native  Asian  Hawaiian/Other Pacific Islander  White

I do not wish to answer Languages Spoken: \_\_\_\_\_

### INCOME (Check all that apply)

# of family members living in household \_\_\_\_\_ Head of household?  Yes  No Gross Family Income (Last 6 months) \$ \_\_\_\_\_

Are you receiving?  Unemployment Insurance  SSDI  Workers Comp  SSI  TANF  Food Stamps  Voc Rehab Assistance

### EMPLOYMENT STATUS (Check all that apply)

Are you?  Unemployed  Employed (P/T)  Employed (F/T)  Farmworker  Employed but received layoff notice

Are you a College/Adult Education student?  Yes  No If yes, which school are you attending? \_\_\_\_\_

Are you currently receiving or using any other job search assistance?  Yes  No Where? \_\_\_\_\_

Did you receive One-Stop information at your worksite prior to layoff?  Yes  No  N/A Attached resume (CalJOBS/personal)

### BARRIERS/FACTORS RELATED TO EMPLOYABILITY & JOB RETENTION (Please check all that apply)

Barriers	Factors Related to Employability & Job Retention	Other Needs <i>(for identification and referral purposes)</i>
<input type="checkbox"/> Age	<input type="checkbox"/> Current Marketable Skills	<input type="checkbox"/> Automotive
<input type="checkbox"/> Basic Skills Deficient	<input type="checkbox"/> Education	<input type="checkbox"/> Books/School Supplies
<input type="checkbox"/> Disabled	<input type="checkbox"/> Finances	<input type="checkbox"/> Certificates/Licenses
<input type="checkbox"/> Foster/Emancipated	<input type="checkbox"/> Grooming/Hygiene	<input type="checkbox"/> Childcare
<input type="checkbox"/> High School Dropout	<input type="checkbox"/> Health or Physical Limitations	<input type="checkbox"/> Clothing/Shoes/Uniforms
<input type="checkbox"/> Homeless	<input type="checkbox"/> Job/Occupational Skills	<input type="checkbox"/> DMV
<input type="checkbox"/> Limited English	<input type="checkbox"/> Legal Issues	<input type="checkbox"/> Dry Cleaning
<input type="checkbox"/> Offender	<input type="checkbox"/> Other:	<input type="checkbox"/> Food
<input type="checkbox"/> Single Parent		<input type="checkbox"/> Health Services
<input type="checkbox"/> Substance Abuse		<input type="checkbox"/> Hotel/Motel Vouchers
<input type="checkbox"/> Other:		<input type="checkbox"/> Housing
		<input type="checkbox"/> Transportation
		<input type="checkbox"/> Tools/Professional Supplies
		<input type="checkbox"/> Utilities
		<input type="checkbox"/> Other:

### SERVICES NEEDED (Check all that apply)

Job Listings  Job Search Assistance  Resume Assistance  Workshops (other than resume)  Skills Assessment  Internet Access

Unemployment Insurance  Employment Development Department (EDD)  Other \_\_\_\_\_

Information about:  Labor Market/Industry Sectors  Non-Traditional Careers  Training  Financial Aid  Program Eligibility

Career Pathways  Adult Education  Vocational Rehab  TANF  Other \_\_\_\_\_

### RELEASE OF INFORMATION

I understand it might be necessary to share my information to help me find a job. Therefore, I give permission for my information to be shared by the One-Stop Center partner agencies staff only. I also authorize EDD to release information regarding the status of my unemployment claim to the County of Orange Workforce Innovation and Opportunity Act (WIOA) representatives who will assist in the processing of my program eligibility and employment status. I understand that any information I have supplied is subject to verification and can be used to determine program eligibility.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





## Orange County One-Stop Center

### DIRECTIONS FOR COMPLETING THE INDIVIDUAL INITIAL ASSESSMENT

#### Individual Initial Assessment

- 1) At the top of the form, fill in:
  - a. Customer's name
  - b. E-mail address
  - c. Career Planner's name
  - d. Date of initial completion of the form
  
- 2) Complete the **Employment Information** section for the primary occupation:
  - a. Select the in the Industry Cluster related to the primary occupation
  - b. Indicate the expected wage and annual salary
  - c. Input the estimated number of months that the Customer and Career Planner agree are needed to achieve this goal and how many miles the Customer is willing to travel to their work.
  - d. Also check if the Customer is willing to relocate.
  - e. Indicate the Computer Proficiency of the Customer.
  - f. Complete the Occupational Skills section indicating what Occupational Skills the Customer possesses. O\*Net provides a good list of skills.
  
- 3) In the **Education and Training** section, enter:
  - a. Highest Grade Completed
  - b. Degree attained
  - c. Any applicable Certificates or Licenses.
  
- 4) Complete the **Work History** section with the Customer's most recent work history. Place a copy of the Customer's resume in file.
  
- 5) In the **Short Term Goal** box, list and describe the goals set by the Customer in conjunction with the Workforce Specialist. Goals must be specific, measurable, attainable, relevant, and time-limited.
  
- 6) In the **Long Term Goal** box list and describe the goals set by the Customer in conjunction with a Workforce Specialist. Long term goals must be specific, measurable, attainable, relevant, and time-limited.
  
- 7) Match the **Barriers Related to Employment and Job Retention** with what the Customer identifies at enrollment or throughout program participation. Complete the Planned Services section and Agency to Provide section for each barrier. Include very specific actions.



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- 8) Match the **Supportive Services** with what the Customer identifies as needs at enrollment or throughout program participation. Use the Explain section to justify the supportive service needs.
  
- 9) Add **Additional Comments** in this section.





## Orange County One-Stop Center

### DIRECTIONS FOR COMPLETING THE INDIVIDUAL EMPLOYMENT PLAN

#### Individual Employment Plan (IEP)

- 1) To complete the **Rationale for Enrollment into WIOA Services** box, describe the rationale why the Customer is in need of staff-assisted services and how these services will assist the Customer with attaining employment.
  
- 1) In the **Individualized Career Service Plan** section, describe:
  - a. Services that will be provided
  - b. Start dates
  - c. Estimated/actual end dates
  - d. Results of these activities
  
- 2) In the **Comprehensive Assessment** section, indicate:
  - a. Date the Comprehensive Assessment was completed
  - b. Assessment type
  - c. Math level
  - d. Reading level
  - e. Basic skills testing date
  
- 3) Complete the **Labor Market Information** section once the Customer has conducted Labor Market Research. Indicate:
  - a. Customer attained knowledge of labor market trends
  - b. Customer attained knowledge of required skills
  - c. Customer attained knowledge of training requirements
  - d. Customer attained knowledge of wage match requirements
  - e. Customer attained knowledge of non-traditional careers/employment
  - f. Date the research was completed
  - g. Research tools used
  - h. If the Customer's desired occupation is "In-Demand"
  - i. If the Customer's desired industry sector is a priority sector for Orange County
  - j. If the Customer is interested in non-traditional employment
  
- 4) If enrolled in training, document a **Rationale for Enrollment Into Training Services**. Include a clear explanation of why the Customer is in need of training services and how the training will assist the Customer with attaining employment. *This includes Non-WIOA funded training.*



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- 5) In the **Training Service Plan**, indicate:
  - a. Specific training the Customer is receiving
  - b. Start dates
  - c. Estimated/actual end dates
  - d. Progress with school and/or final results
  
- 6) Complete the **Follow-up Services** section once the Customer has been closed out of the program:
  - a. Indicate the date of closure/exit
  - b. If the Customer obtained employment
  - c. If the Customer was exited with an exclusion
  - d. If an exclusion was used, indicate the reason
  
- 7) In the **Follow-Up Service Plan**, indicate:
  - a. Specific follow-up services Customer is receiving
  - b. Start dates
  - c. Estimated/actual end dates
  - d. Results of these activities

**The Customer shall receive a copy of all pages of the *Individual Initial Assessment, Program Agreement* and *IEP* for their records. The original *Individual Initial Assessment* and *IEP* shall be filed in the case file.**