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ÓC Community Resources

Revised: May 21, 2021
Effective: March 3, 2021

To: WIOA Subrecipients of the Orange County
Workforce Development Area

From: Carma Lacy
Director of Workforce Development

Subject: WIOA Individual Initial Assessment & Individual Employment
Plan (IEP) Policy
Information Notice No. 21-OCWDB-06
Supersedes Information Notice No. 15-OCWDA-03

PURPOSE
The purpose of this policy is to provide guidance on completion of the initial assessment and Individual Employment Plan (IEP) for WIOA Adult and Dislocated Worker (DW) participants.

REFERENCES
- Workforce Innovation and Opportunity Act (WIOA) Section 134(c)(2)(A) (xii)(II), (c)(3)(F)(ii)
- 20 CFR 680.170

EFFECTIVE DATE
This policy is effective immediately upon issuance.

BACKGROUND
The WIOA requires the development of an Individual Employment Plan (IEP) to identify the employment goals, create achievement objectives, and determine the combination of services for the participant to achieve the employment goals. The IEP is a holistic, ongoing process and should provide valuable information to best guide the participant towards his/her employment goals. This includes providing information on eligible providers of training services and career pathways to attain career objectives.

Policy and Procedures
Service Providers will conduct an Individual Initial Assessment and develop an Individual Employment Plan (IEP) for each participant registered in Individualized Career Services and Training Services.

1. The initial assessment (Attachment I) shall include the review of all available information provided by the registered participant during program enrollment and must be entered into CalJOBS.

COMMUNITY INVESTMENT DIVISION
1300 SOUTH GRAND
BLDG. B, FIRST FLOOR
SANTA ANA, CA 92705
PHONE: 714.480.6500
FAX: 714.567-7132

2. Services Providers are to use any of the following assessment tools when completing the initial assessment: Test of Adult Basic Education (TABE), Comprehensive Adult Student Assessment Systems (CASAS), Basic English Skills Test (BEST), or Massachusetts Adult Proficiency Test (MAPT). ACT WorkKeys, will be used for training enrollment requirements only and is not intended to measure Educational Functioning Levels (EFL) for performance. Service Providers may use previous basic skills assessment results if such previous assessments have been conducted within the past six months.

3. IEPs (Attachment II) shall be jointly developed by the participant and Service Provider case manager and reviewed by the site manager.

4. Service Provider is to review IEPs on a regular basis, but at a minimum of every month. Regular updating includes the review and documentation of participant's progress, completion of activities, goal/benchmarks attainment, changes/updates related to the initial assessment, and all other accomplishments.

5. Activity Code 205 (Develop Individual Employment Plan) shall be coded in CalJOBS.

6. Completion of the initial assessment, IEP, and any IEP 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 and uploaded into CalJOBS.

8. Any medical information pertinent to the initial assessment and IEP is to be collected and stored in a separate, confidential file according to OCWDB Personally Identifiable Information Policy.

9. IEP must be reviewed with the participant to ensure the IEP is effectively addressing the needs of the participant. All initial and updated IEPs must be signed and dated each time anything is added to the plan by both the participant and the staff helping them to complete it.

10. The initial assessment and IEP can be set up to allow for the participant to provide an electronic signature. Refer to Attachment III for the Electronic Signature Instructions using the Microsoft signature feature. Other options, such as DocuSign or Adobe can also be used.

ACTION
Bring this policy to the attention of all staff and all relevant parties.

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

ATTACHMENTS
Attachment I: Initial Assessment Template
Attachment II: Individual Employment Plan Template
Attachment III: Electronic Signature Instructions

WIOA Adult & Dislocated Worker Program
INDIVIDUAL INITIAL ASSESSMENT

Participant Name	**Date**
Email Address	**Case Manager**

EMPLOYMENT INFORMATION

Employment Goal/Occupation: _____

Industry Cluster:

☐ Business & Professional Services ☐ Energy, Environment & Green ☐ Construction ☐ Manufacturing

☐ Finance, Insurance & Real Estate ☐ Health Care ☐ Information Technology ☐ Logistics & Transportation

☐ Biotechnology/Nanotechnology ☐ Hospitality & Tourism

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
(i.e., 12 HS, 14 AA, 16 BA/BS):   **Degree Attained:**

Certificates or Licenses:
School Status at
Participation

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

STRENGTHS/BARRIERS RELATED TO EMPLOYMENT AND JOB RETENTION

STRENGTHS	CHALLENGES/BARRIERS	RESOURCES/REFERRALS

COMPREHENSIVE ASSESSMENT

Basic Skills Deficiency ☐Yes ☐No   Limited English Proficiency (LEP) ☐Yes ☐No

Basic Skills/Grade Levels: Math Level: Reading Level: Language Level:

Testing Date:

Completed Comprehensive Assessment on: Assessment Type:

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

ADDITIONAL COMMENTS

PARTICIPANT/CASE MANAGER SIGNATURES AND DATES
(Refer to Electronic Signature Instructions, if needed)

_____

Participant Name   Participant Signature   Date

_____

Case Manager Name   Case Manager Signature   Date

WIOA Adult & Dislocated Worker Program
INDIVIDUAL EMPLOYMENT PLAN (IEP)

Participant Name	Date
Email Address	Case Manager

RATIONALE FOR ENROLLMENT INTO WIOA SERVICES
(Rationale shall be clear in explaining why the Participant is in need of staff-assisted services and how these services will assist the Participant with attaining employment)

GOALS

Goal Type	Short-Term Goal	Long-Term Goal
Educational		
Training		
Employment		
Personal Development		

CAREER SERVICE ACTION PLAN OBJECTIVE *(Training services and supportive services details are to be noted in the next sections.)*	START DATE	ESTIMATED END DATE	ACTUAL END DATE
1			
RESULTS:			
2			
RESULTS:			

Updated: _____   _____
Participant Initials   Case Manager Initials

INDIVIDUAL EMPLOYMENT PLAN (IEP)

3				
RESULTS:				
4				
RESULTS:				
5				
RESULTS:				

RATIONALE FOR ENROLLMENT INTO TRAINING SERVICES
Rationale shall be clear in explaining why the Participant is in need of training and how this training will assist the Participant with attaining employment.

Please provide responses to the following questions:

1. Before receiving training services is the individual determined appropriate for training services based upon standardized tests, interviews, inventory of applicants' fields of interests, skills assessments, career exploration, available labor market information, and other data collected that is relevant to the type of training the individual is applying for? ☐Yes ☐No
2. Did assessment determine the individual is unlikely to obtain or retain employment? ☐Yes ☐No
3. Did assessment determine the individual needs training to obtain or retain employment? ☐Yes ☐No
4. Did assessment determine the individual has the skills and qualifications to successfully participate in training? ☐Yes ☐No
5. Did assessment determine the individual is a member of the priority population? ☐Yes ☐No
6. Does the file justify the need for training? ☐Yes ☐No
7. Will the training result in a credential/certificate that will lead to employment in a demand occupation? ☐Yes ☐No
8. If the individual is between the ages of 18-24 or they considered a dependent? ☐Yes ☐No
9. Is the individual/family self-sufficient? ☐Yes ☐No

Rationale:

TRAINING SERVICE PLAN	START DATE	ESTIMATED END DATE	ACTUAL END DATE	RESULTS

Updated: _____ _____
Participant Initials   Case Manager Initials

INDIVIDUAL EMPLOYMENT PLAN (IEP)

SUPPORTIVE SERVICES

NEED		COMMENTS	DATE(s)
☐	Linkages to community services		
☐	Transportation		
☐	Child/Dependent Care		
☐	Housing		
☐	Needs-related payments		
☐	Educational testing		
☐	Reasonable accommodations (persons with disabilities)		
☐	Legal aid services		
☐	Referrals to health care		
☐	Uniforms or work-related attire/tools		
☐	Books and school supplies (post-secondary student)		
☐	Employment/training fees		

PARTICIPANT/CASE MANAGER SIGNATURES AND DATES
(Refer to Electronic Signature Instructions, if needed)

Participant Name   _____
                                    Participant Signature   Date

Case Manager Name   _____
                                    Case Manager Signature   Date

Updated: Participant Initials   Case Manager Initials

INDIVIDUAL EMPLOYMENT PLAN (IEP)

<u>INDIVIDUAL EMPLOYMENT PLAN & PROGRAM AGREEMENT</u>

I, _____, took part in completing/developing this Individual Employment Plan (IEP) with
(Participant's Name)
my Case Manager. I have reviewed the initial assessment and IEP with my Case Manager 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 Case Manager if I change my address, phone number, or email
   address;

2. To maintain regular communication with my Case Manager (at least once per month);

3. To update my Case Manager 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; referrals to supportive services; and, referrals to partner
   agencies.

PARTICIPANT/CASE MANAGER SIGNATURES AND DATES
(Refer to Electronic Signature Instructions, if needed)

_____

Participant Name   Participant Signature   Date

_____

Case Manager Name   Case Manager Signature   Date

INDIVIDUAL EMPLOYMENT PLAN (IEP)

Individual Employment Plan Update		
Date	**IEP Review/Update**	**Participant and Case Manager Initials**

EXIT & POST EXIT FOLLOW-UP SERVICES

Date of Closure/Exit:

Closed/Exited with Employment: ☐ Yes ☐ No
Global Exclusion: ☐ Yes ☐ No   Reason for Exclusion:

Post-Exit Follow-up Services

Date	Service	Results

Service Provider Set-Up

1. In the Word document, place your pointer where you want to create a signature line.
2. On the Insert tab at the top, in the Text group (right side of tool bar), click the Signature Line list, and then click Microsoft Office Signature Line.
3. In the Signature Setup dialog box, type information that will appear beneath the signature line:
   - Suggested signer: the signer's full name
   - Suggested signer's title: the signer's title, if any.
   - Suggested signer's e-mail address: the signer's e-mail address, if needed.
   - Instructions to the signer: add instructions for the signer, such as "Before signing the document, verify that the content is correct."
4. Select one or both of the following check boxes:
   - Allow the signer to add comments in the Sign dialog box
   - Show sign date in signature line - the date the document was signed will appear with the signature.
5. Repeat for additional signature lines.
6. Save document and email to participant.
7. A signature message bar will remain until the document is signed.
8. If the document will be printed and not electronically signed, follow steps 1-5 above to add the signature lines and then save and print for the participant.

Participant

1. Once the document is received, download and save the document. If the document is in read-only, the participant will not be able to sign the document until saved.
2. In the file, right-click the signature line. (If the file opens in protected view, click "edit anyway" if the file is from a reliable source)
3. From the menu, select Sign.
   - To add a printed version of your signature, type your name in the box next to the **X**.
   - To select an image of your written signature, click Select Image. In the Select Signature Image dialog box, find the location of your signature image file, select the file that you want, and then click Select.
   - To add a handwritten signature (Tablet PC users only), sign your name in the box next to the X by using the inking feature.
4. Click Sign, save, and email back to Service Provider.