Senior Community Service Employment Program (SCSEP)
INDIVIDUAL EMPLOYMENT PLAN (IEP)

PARTICIPANT INFORMATION				
Last Name:	First Name:	MI:	SS#: (last 4 digits)	Date:

OVERALL OBJECTIVE: (TO OBTAIN UNSUBSIDIZED EMPLOYMENT).

SCSEP Participants possess varied skills. Participants are assessed individually to determine what skills, talents, and interests they possess. The _____ Representative and the SCSEP Participant will discuss how their skills, talents, and interests might translate into employment. An Individual Employment Plan (IEP) is completed for each participant.

Goal # 1 :

Action Steps	Training Provider (Optional)	Start	End	Completed
				☐ Y ☐ N
				☐ Y ☐ N
				☐ Y ☐ N

Comments:

Goal # 2 :

Action Steps	Training Provider (Optional)	Start	End	Completed
				☐ Y ☐ N
				☐ Y ☐ N
				☐ Y ☐ N

Comments:

Goal # 3 :

Action Steps	Training Provider (Optional)	Start	End	Completed
				☐ Y ☐ N
				☐ Y ☐ N
				☐ Y ☐ N

Comments:

I have assisted in developing my IEP and agree to work towards completion of the action steps. I understand that failure to follow through with this plan may result in my termination from SCSEP.

Participant's Signature:	Date:

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