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Community Resources

Revised: November 19, 2021
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 Objective 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 Objective 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 Objective Assessment and develop an Individual Employment Plan (IEP) for each participant registered in Individualized Career Services and Training Services.

1. The Objective Assessment shall be completed utilizing the CalJOBS reporting system template. In the event that the CalJOBS system cannot be utilized, the OCWDB Objective Assessment Form (Attachment I) may be utilized in lieu of



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CalJOBS. The Objective Assessment must include the review of all available information provided by the registered participant during program enrollment. If Attachment I is used, it must be uploaded into CalJOBS.

2. Service Providers are to use any of the following assessment tools when completing the Objective 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. As part of the Objective Assessment, Services Providers are to conduct career exploration and provide Labor Market Information. This includes assisting participants with obtaining knowledge of labor market trends, required skills, training requirements, wage match requirements, and non-traditional careers/employment. In addition, Service Providers shall also assist participant with researching whether their desired occupation and industry sector are in-demand and document if participant is interested in non-traditional employment. This information shall be recorded into CalJOBS via a detailed case note and appropriate activity code.
4. IEPs shall be jointly developed by the participant and Service Provider case manager and reviewed by the site manager utilizing the CalJOBS reporting system template. In the event that the CalJOBS System cannot be utilized, the OCWDB IEP Form (Attachment II) can be utilized and must be uploaded into CalJOBS.
5. Resumes shall be developed using the CalJOBS resume template for all clients enrolled in Individualized Career Services. Resumes shall be reviewed and updated so that they remain current. Resume modifications or adjustments conducted in collaboration with Service Provider staff shall be outlined in CalJOBS case notes to reflect services provided. In the event that the CalJOBS system template cannot be utilized, the participant shall provide a resume to be uploaded into CalJOBS.
6. 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 Objective Assessment, and all other accomplishments.
7. Completion of the Objective Assessment, IEP, and any IEP updates shall be appropriately documented in the case notes and with CalJOBS activity codes.

CalJOBS Activity Code	Description
102	Completion of the Objective Assessment using the CalJOBS template or Attachment I
203	Conducting comprehensive, specialized assessment of skill levels and service needs of a participant (includes use of assessment tools)
107	Provision of Labor Market Information

115	Resume Preparation Assistance (does not include a resume upload to CalJOBS)
205	Development and updating of IEP
200	IEP review with no changes made

8. A copy of the completed (or updated) and signed IEP shall be given to the participant.
9. 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.
10. IEP must be reviewed with the participant to ensure the IEP is effectively addressing the needs of the participant. When utilizing paper forms, 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.
11. The OCWDB Objective Assessment and IEP forms 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: Objective Assessment Template
- Attachment II: Individual Employment Plan Template
- Attachment III: Electronic Signature Instructions



WIOA Adult & Dislocated Worker Program INDIVIDUAL OBJECTIVE 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 ASSESSMENTBasic Skills Deficiency Yes NoLimited 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 NoDesired Industry Sector is a Priority Sector: Yes NoInterested 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)

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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:			

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

INDIVIDUAL EMPLOYMENT PLAN (IEP)

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

PARTICIPANT/CASE MANAGER SIGNATURES AND DATES		
(Refer to Electronic Signature Instructions, if needed)		
<p>_____</p> <p>Participant Name</p>	<p>_____</p> <p>Participant Signature</p>	<p>_____</p> <p>Date</p>
<p>_____</p> <p>Case Manager Name</p>	<p>_____</p> <p>Case Manager Signature</p>	<p>_____</p> <p>Date</p>

INDIVIDUAL EMPLOYMENT PLAN (IEP)

INDIVIDUAL EMPLOYMENT PLAN & PROGRAM AGREEMENT

I, _____, took part in completing/developing this Individual Employment Plan
(Participant's Name)
(IEP) with 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



Attachment III Electronic Signature Instructions

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.