

INDIVIDUAL CAREER PLAN (ICP)

Name: _____ Date: _____

Address: _____

Phone #: _____ Email: _____

Case Manager: _____

ASSETS (List):

Educational: _____

Credentials: _____

Experiences: _____

Other: _____

NEEDS ASSESSMENT INFORMATION (Check all that apply):

Supportive Service (Needs Assessment):

- IDs
- Transportation
- Housing
- Medical/Dental
- Childcare
- Other _____
- Other _____
- Other _____
- Mental Health Treatment
- Substance Abuse Treatment
- Child Support/Alimony
- Disability Disclosure
- Other _____
- Other _____
- Other _____

Workforce Development (Career Assessment):

- Continuing Education (HS Diploma, GED, Post-2nd Ed)
Specify: _____
- Occupational Skills Training (Certification)
Specify: _____
- Workplace Learning (Internships, Summer Jobs, etc.)
Specify: _____
- Employment Placement (Unsubsidized Empl.)
Specify: _____
- Other: _____

(See Attached ISS for plan of action for addressing needs)

GOALS

LONG-TERM CAREER GOAL: _____

OTHER GOALS:

Goal #1: _____

Objectives/Action Steps: _____ Person/Organization Responsible: _____ Due/Completion Date: _____

Goal #2: _____

Objectives/Action Steps: _____ Person/Organization Responsible: _____ Due Date: _____

INDIVIDUAL CAREER PLAN (ICP)

Name: _____

Goal #3: _____

<u>Objectives/Action Steps:</u>	<u>Person/Organization Responsible:</u>	<u>Due Date:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Goal #4: _____

<u>Objectives/Action Steps:</u>	<u>Person/Organization Responsible:</u>	<u>Due Date:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Goal #5: _____

<u>Objectives/Action Steps:</u>	<u>Person/Organization Responsible:</u>	<u>Due Date:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Notes: _____

Client Signature

Date

Case Manager Signature

Date

ICP Review/Revision Dates:

Date:	1st _____	2nd _____	3rd _____	4th _____
Initials:	_____/_____	_____/_____	_____/_____	_____/_____