



## PURPOSE

To assist an individual in achieving his/her specific employment goal. The information must include the individual's choice of services, when each service will begin, who will provide each service, the date the goal will be achieved and funds to be utilized in reaching the identified goal. The Individual Plan for Employment (IPE) must be written, developed and implemented in a manner that gives the eligible individual the opportunity to exercise informed choice consistent with his/her unique strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice. Identified services must be needed to achieve the specific employment outcome including the settings in which services will be provided. The IPE is reviewed annually to assess the eligible individual's progress in achieving the identified employment outcome.

## PREPARED BY

Vocational Rehabilitation Counselor, eligible individual, and/or eligible individual's representative.

If prepared by eligible individual and/or representative, IPE must be approved by the Vocational Rehabilitation Counselor before it is effective.)

## INSTRUCTIONS

**Individual:** Enter the individual's name (first name, middle initial and last name).

**Date:** Enter the two-digit month, two-digit day and four-digit year for the completion of this document.

**My employment goal is:** Enter the employment goal as specific as possible.

**This goal should be met by:** Enter the two-digit month, two-digit day and four-digit year the goal will be achieved.

These are the services needed to meet my employment goal:

**Service needed:** Identify a specific service agreed upon by the individual and Vocational Rehabilitation (VR) counselor.

**Beginning date:** Enter the two-digit month, two-digit day and four-digit year the service will begin.

**Provider of service:** Enter the person, business, program etc. that will provide this service in as much detail as possible.

**Who will pay for service:** Enter the funding source for the service.

Continue with this format until **all** services, dates, providers, and funding sources are identified.

**Describe how the progress toward meeting my employment goal will be reviewed and measured:**

Enter in detail what the counselor will utilize (instruments, criteria, etc) to determine that the individual has met the employment goal.



**My responsibilities:** Enter the individual's responsibilities in clear concise and understandable terms. Identify what the individual is expected to accomplish during the rehabilitation process.

**Agency responsibilities:** Enter the Agency's responsibilities in clear concise and understandable terms. Identify what the Agency is expected to accomplish during the rehabilitation process.

**Other parties' responsibilities:** Enter other parties' responsibilities in clear concise and understandable terms. Identify what other parties' are expected to accomplish during the rehabilitation process.

**Services will be provided in the most appropriate integrated setting, consistent with my informed choice. If no, explain:** Enter all reasons services will not be provided in an appropriate integrated setting.

**Describe any anticipated post-employment services that will be needed and have been discussed:** Enter all services that may be provided in post-employment services.

**Extended Services:** Place an X in the appropriate block to identify if providing extended services will or will not be needed for the individual to be successful in employment.

**Describe the services needed and the provider of the services:** List the provider of extended services, where the services will be provided, and what services will be anticipated. Also, list the number of anticipated work hours that will be needed.

**I have been offered the choice to develop my employment plan and assistance in creating my plan, and I have been provided a copy of this plan in my most understood mode of communication which is \_\_\_\_\_:** Enter the individual's mode of communication (Braille, Large Print, CR, Tape or Electronic).

VR Counselor signs and dates the form.

Individual signs and dates the form.

DSB Supervisor signs and dates the form, if required.

Parent/Guardian signs and dates the form, if required.

## **DISTRIBUTION**

Original: Case Record  
Copies: Individual  
Individual Representative if applicable