Participant’s Name: ___________________________ Date: ______________

Participant’s employment goal for their involvement with SCSEP is:
____________________________________________________________________

Participant’s current and specific goal for this plan is:
____________________________________________________________________

To reach this goal the participant will complete the following steps:
(Include specific actions to be taken, measurable outcomes & deadlines)

1. __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________

2. __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________

3. __________________________________________________________________
   __________________________________________________________________

4. __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________

5. __________________________________________________________________
   __________________________________________________________________

This plan will be reviewed, and the next one developed by: ___________________________

I have assisted in completing this Individual Employment Plan, and I agree with the listed steps to be completed. I understand that failure to follow through on this plan may result in my termination from the program.

Participant’s signature: ___________________________ Date: ______________

I certify that this Individual Employment Plan was completed with the participation of the Participant.

Signature of SCSEP Staff: ___________________________ Date: ______________

IEP Progress Review

__________________________________________  ________________________

Oct 2014

The North Carolina Senior Community Service Employment Program is funded by a U.S. Dept. of Labor grant.
Instructions: Complete either section A, B or C as appropriate.

A. [ ] The participant has successfully completed the goals and action steps of their IEP.

Stop here. A new IEP should now be completed and signed by participant and SCSEP staff.

B. [ ] The participant’s goals have changed, and he/she now needs to complete a new IEP.

Stop here. A new IEP should now be completed and signed by participant and SCSEP staff.

C. [ ] The participant still needs to complete the goals and action steps of their IEP as noted:

Participant’s immediate and specific goal for this plan is:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

To reach this goal the participant still needs to complete the following steps:
(Include specific actions to be taken, measurable outcomes & deadlines)

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

This plan will be reviewed, and the next one developed by: __________________________

I have assisted in completing this Individual Employment Plan, and I agree with the listed steps to be completed. I understand that failure to follow through on this plan may result in my termination from the program.

Participant’s signature: __________________________    Date: __________________________

I certify that this I.E.P. Progress Review was completed with the participation of the Participant.

SCSEP staff’s signature: __________________________    Date: __________________________