Minnesota's WorkForce Center's
West Metro Job Partners
Individualized Service Strategy/Employability Development Plan

Please refer to the Instruction Sheet when completing this form. Answer only those questions that are required for your Program. The purpose of this form is to summarize the information that is in the participant's file folder.

Name: _____Social Security # _____

Employment/Career Goals:_____

Summarize Prior Work Experience (jobs and recent wages and length of time on the job)	
Prior Education and/or Training	
Barriers to Employment (summarize challenges such as housing, transportation, poor work history, family, health and/or personal issues).	
Supporting Information/Test Results	
Employment Outlook	
Salary Projection	
Vocational Interests Testing Information Academic/Aptitude Test(s)	
Summarize any of the participant's skills, background, strengths, and life situation, which would support the goal listed above.	
Current Monthly Financial Information	
Current Expenses: _____ Current Income: _____ Acceptable Wage: _____	

Participant Goals/Activities to Achieve Goals

Activity	Goal	Attendance (hours)	Deadline/Estimated Completion Date
Conduct Job Search			
Contact Case Manager/Counselor			
Turn in calendar/attendance			
Turn in class registration/ grades	Grades		

Support Services Provided

List any support services provided: bus cards, child care, clothing and/or referral for services at another agency.

I understand that the above information may be shared with other West Metro Job Partner Agencies in the event that it would help me to reach my goal.

Participant's Signature	Today's Date	Counselor's Signature	Today's Date

DRS ONLY Division of Rehabilitation participants must refer to the attached Individualized Written Rehabilitation Program form before signing this.

Participant's Signature	Today's Date	Counselor's Signature	Today's Date

MFIP ONLY **MFIP Participants please refer to the attached Family Support Agreement before signing this form.**

Participant's Signature	Today's Date	Counselor's Signature	Today's Date

STRIDE ONLY (AFDC) **Conditions Resulting In Sanction**

I have read the above and will work with my Case Manager in taking the steps needed to reach my goal. I understand that any changes in my EDP must be pre-approved by my Case Manager. I understand that I will lose my AFDC and Food Stamp Eligibility if I fail, without good reason, to do everything stated in this EDP.

STRIDE Participant's Signature	Today's Date	Case Manager's Signature	Today's Date