

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):

- | | |
|---|--|
| <input type="checkbox"/> IDs | <input type="checkbox"/> Mental Health Treatment |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Substance Abuse Treatment |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Child Support/Alimony |
| <input type="checkbox"/> Medical/Dental | <input type="checkbox"/> Disability Disclosure |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Workforce Development (Career Assessment):

- | |
|--|
| <input type="checkbox"/> Continuing Education (HS Diploma, GED, Post-2 nd Ed) |
| Specify: _____ |
| <input type="checkbox"/> Occupational Skills Training (Certification) |
| Specify: _____ |
| <input type="checkbox"/> Workplace Learning (Internships, Summer Jobs, etc.) |
| Specify: _____ |
| <input type="checkbox"/> Employment Placement (Unsubsidized Empl.) |
| Specify: _____ |
| <input type="checkbox"/> 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: _____

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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:	_____/_____	_____/_____	_____/_____	_____/_____