



Alamo Navajo School Board
 P.O. Box 5907
 MAGDALENA, NEW MEXICO 87825
 (575) 854-2543 Voice (575) 854-2545 Fax

President:
 Raymond Apachito Sr.

Vice-President:
 John Apachito, Jr.

Members:
 Steve Guerro
 Charlotte Guerro

Individual Employment/Educational Plan

Name: _____

Begin Date: _____

Enrollment Date: _____

Employment/Educational Goals

<i>Briefly describe your goals:</i>	Short-Term Goals <i>'What would you like to reach in 3 to 6 months?'</i>	Long-Term Goals <i>'What would you like to reach in 2 to 3 years?'</i>

Employment/Education History

Employment: List your full work history including dates of employment (month and year), job title, specific job duties, and wage/salary. Include volunteer jobs and also any other skills that don't appear in the work history.

Education: List any current educational levels, all schools/colleges/training institution attended, course(s) of study, and certificate/degrees obtained. If no certificate or degree was obtained, list major courses taken and number of units, if applicable. List skill levels and how obtained.

Supportive Service Needs

Services: List resources needed to participate and retain employment (WIOA, NCATEP, Adult Education, Training, Post-Secondary Education).

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<u>Barriers:</u>	<u>Barrier Removal Plan:</u>
<p>List all barriers to participate in the program, entering and retention employment/education.</p> <p><i>For example:</i></p> <ol style="list-style-type: none">1. Car not working and cannot afford to fix it.2. Lack of skills to obtain employment at a living wage to support family.3. Not able to afford child-care if working part-time.4. Unable to provide sufficient food for family.	<p>List ways that will work to remove the barrier and how will this be done?</p> <p><i>For example:</i></p> <ol style="list-style-type: none">1. Transit pass2. Occupational skills training3. Subsidized skills training4. Food Stamps/Food Banks

Plan of Service

Interviewer's Case Summary: *Summarize participant goals, strengths, assessments, potential barriers, and motivation. Make sure that any potential barriers are addressed in this IEP.*

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Specific Program Participation: *Detail activities that will be provided, any outcome of those activities, and agreement with the participant.*

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I certify that I have reviewed this application and that the given information is true to the best of my knowledge and that the information provided is subject to be reviewed and verified where I may have to provide documentation to support this application. I am also aware that I am subject to immediate termination if I am found as an ineligible enrollee and may be prosecuted for fraud and/or perjury.

I allow the release of this information for verification purposes and understand that it will be used to determine eligibility. Data will be used for reporting purposes.

Participant: _____ Date: _____

WIOA/NACTEP Staff: _____ Date: _____

SMART Goal Worksheet

Today's Date: _____ Start Date: _____ Target Date: _____

Date Achieved: _____

- Answer at the time of development/enrollment
- Six (6) month update required

Goal:

S-M-A-R-T Verification

SPECIFIC: What exactly do you want to accomplish?

MEASURABLE: How will you know when you have reached this goal?

ACHIEVABLE: Does the goal require the right amount of effort? If so, why?

RELEVANT: What makes this goal important to your life?

TIMELY: When will you achieve this goal?

FINAL GOAL:
