



Individual: \_\_\_\_\_

Date: \_\_\_\_\_

This is my **original** individualized plan for employment (IPE). I have been provided with opportunities to participate and make informed choices in my employment goal, services, service providers, and ways to get services.

My employment goal is: \_\_\_\_\_

This goal should be met by: \_\_\_\_\_

These are the services needed to meet my employment goal:

Service needed: \_\_\_\_\_

Beginning date: \_\_\_\_\_

Provider of service: \_\_\_\_\_

Who will pay for service: \_\_\_\_\_

Service needed: \_\_\_\_\_

Beginning date: \_\_\_\_\_

Provider of service: \_\_\_\_\_

Who will pay for service: \_\_\_\_\_

Service needed: \_\_\_\_\_

Beginning date: \_\_\_\_\_

Provider of service: \_\_\_\_\_

Who will pay for service: \_\_\_\_\_

Service needed: \_\_\_\_\_

Beginning date: \_\_\_\_\_

Provider of service: \_\_\_\_\_

Who will pay for service: \_\_\_\_\_

Service needed: \_\_\_\_\_

Beginning date: \_\_\_\_\_

Provider of service: \_\_\_\_\_

Who will pay for service: \_\_\_\_\_



Individual: \_\_\_\_\_

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

My responsibilities:

Agency responsibilities:

Other parties' responsibilities:



**INDIVIDUALIZED PLAN FOR  
 EMPLOYMENT**

Individual: \_\_\_\_\_

Services will be provided in the most appropriate integrated setting, consistent with my informed choice. If not, explain: \_\_\_\_\_

\_\_\_\_\_

Describe any anticipated post-employment services that will be needed and have been discussed:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Extended services will be needed: YES  NO

Describe the services needed and the provider of the services: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 \_\_\_\_\_.

I understand that I have the right to pursue a more satisfactory decision when I am not in agreement with actions taken by my Vocational Rehabilitation (VR) Counselor in my rehabilitation case. My options for resolving concerns include talking with my VR Counselor's Supervisor, requesting an appeals hearing, requesting formal mediation, and requesting assistance from the Client Assistance Program (CAP). The Client Assistance Program can be reached at 1-800-215-7227. My appeals rights and information about the Client Assistance Program are covered in detail in my Vocational Rehabilitation Handbook.

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VR Counselor Signature	Date	Individual Signature	Date

Approval, if required	Date	Parent/Guardian, if required	Date