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| **618.350(g) states: The State must make the trade-affected worker aware of the advantages of receiving an IEP. However, a worker may refuse to complete an IEP. Since portions of the IEP are necessary to determine eligibility for job search allowances under subpart D of this part and training under subpart F of this part, a worker’s refusal to provide necessary information, either as part of the IEP or outside of the IEP process, may result in denial of those benefits and services.** | | |
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|  |  | **Participant Information** |
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|  | LWIA # | Enter the LWIA # in which the participant is being served. |
|  | Participant SSN | Enter the last four digits of the participant’s SSN. |
|  | Participant Name | Enter the participant’s first name, middle initial and last name. |
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|  | Street Address | Enter the street address where the participant current resides. Enter the apartment number, if applicable. |
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|  | City | Enter the city of the participant’s current address. |
|  |  |  |
|  | State | Enter the state of the participant’s current address. |
|  | Zip | Enter the 5 or 9 digit zip code of the participant's current address. . |
|  | Phone Number(s) | Enter the participant’s cell number and home number, if applicable |
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|  | Email | Enter the participant’s email address, if applicable. |
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|  |  | **Petition Number and Name of Worker Group** |
|  | Petition Number | Enter the petition number (and letter, if applicable) from the certified petition covering the worker group from which the participant was laid off. |
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|  | Name of Worker Group | Enter the name of the worker group from the certified petition covering the worker group from which the participant was laid off. |
|  |  | **Participant Employment Status** |
|  | Employment Status | Check one box that identifies the participant’s employment status at the time of application for Trade services. Enter the appropriate date for the status selected. |
|  |  | **Veterans Priority of Service** |
|  | Veterans Priority  of Service | Check “Yes” or “No” indicating if the participant meets the Veterans Priority of Service criteria. |
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|  |  | **Employment and Case Management Services** |
|  | Employment and Case Management Services | All employment and case management services must be offered and documented in each section below. Select “Yes” or “No” for each category. Enter “date offered” and “date provided” dates. The participant must initial each section indicating agreement for services. If the participant answers “No” to “participant agreement”, provide an explanation at the end of this section. |
|  |  | **Transferable Skills Checklist** |
|  | Transferable Skills Checklist | Review the participant’s completed transferable skills checklist. Select categories below that the participant has identified on the completed checklist. |
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|  |  | **Barriers to Employment** |
|  | Barriers to Employment | Discuss potential barriers with the participant and select from the categories below. If the participant is determined to need additional partner referrals, indicate if referral was recommended. Participant must indicate an agreement to a referral by answering “yes” or “No”. Select from partner list below or add “other” for referrals not included in Titles I, II, III, IV. |
|  |  | **Prior Work History** |
|  | Prior Work History | List the participant’s employment history. List the most recent employment history first. Space is available for the last three (3) employment histories. If additional records are needed, provide the information on an attached sheet. |
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|  |  | **Education History** |
|  | Education History | List the participant’s education history. Complete each category as applicable to the participant. |
|  |  | **Initial Assessment** |
|  | Initial Assessment | Mark the appropriate box based on the initial assessment of the participant. |
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|  |  | **Determination of Services** |
|  | Determination of Services | After completion of an initial assessment, the career planner must make a determination by selecting one option below of either “Suitable employment is available to the participant” or “Suitable employment is NOT available to the participant.” The participant must indicate an agreement to the determination and initial. |
|  |  | **Participant Occupational Goal** |
|  | Targeted Occupation | Enter the information on the targeted occupation, targeted industry, ONET percentage growth, projected wage per hour, and answer the questions related to the participant’s occupational goal. See the information below on how to obtain information to complete this section. |
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|  |  | To look at industry types, go to the NAICS website to select the targeted industry participant will be training for. <https://www.naics.com/search/> |
|  |  |  |
|  |  | Follow directions below to locate percentage growth:  1.Go to ONET Online website. <https://www.onetonline.org/>  2. Look for “Find Occupations” at the top left of the page. Click “Find Occupations.”  3.Type occupation in the “Keyword or ONET SOC code” line. then Click “GO.”  4. An occupational list of related occupations will appear. Click on your selection.  5. A Summary page appears. Scroll down until you see the heading of “Wages  and Employment Trends.”  6. Look for Projected Job Openings, and it will say “State Trends below. Select the  State in which the participant plans to obtain employment after training (I  selected Illinois for this example).  Click “GO”  You will see the projected percentage growth for Illinois at the top of the page.  Fill in this box with this percentage.  PRINT OUT ALL OF THESE SCREENS AND ADD TO PARTICIPANT FILE. |
|  |  | Stay on same page in ONET that #23 was answered with. Go back to the “Wages and Employment Trends” section, Wage information can be found on this screen by State or broken down even more by zip code. Enter in the State or zip code in which the participant is most likely to obtain employment after training is completed. Click “GO”. This will give a detailed breakdown. Enter wage in this box. This can be broken down to changing the annual wage to hourly wage by clicking the “View wages” area toward the top of the page.  PRINT OUT ALL OF THESE SCREENS AND ADD TO PARTICIPANT FILE. |
|  |  | **LMI verifies employment is available in the participant’s demographic area:**  LMI verifies employment is available in the participant’s demographic area: On the same ONET page below the “Wages and Employment Trends” section, there is a section called “Job Openings on the Web”. Click “Find Jobs.” Enter in Zip Code that the participant will most likely obtain employment in after training is completed. Click “GO.” Click “See Jobs.” At the top of the page, you will see how many jobs are available in the area. Print out at least the first page of this report just to keep in the file to show the total number of jobs available in the participant’s area at the time of enrollment into training. Answer “Yes” or “No”. |
|  |  | Targeted Occupation and Industry will lead to Suitable and Sustainable Employment:  After reviewing all the information from ONET, you should have plenty of documentation to answer this question “Yes” or “No.”  **Statement of Occupational Goal** |
|  |  | Select one option below for participant’s initial employment goal. |

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|  |  | **Trade Services** |
|  | Enrollment in Trade Services | (check all that apply). Select all Trade services the participant will initially be enrolled in. Note: In the event services are provided at a later date, the career planner may need to update the IEP to indicate new services will be added. Career planner will then return to this section to complete the date fields. |
|  |  | **Training** |
|  | Assessment of Financial Resources | Career planner will have the participant complete a budget/expense form. The career planner will assess participant’s budget form and all other areas below to determine if participant will be financially stable while enrolled in a training program. Participant must initial to verify financial status. |
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|  | Statement of Training Goals | Fill in name of training program for training goal. Participant must initial. |
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|  |  | **Trade Training** |
|  | Training Types | Select all Trade training types the participant will initially be enrolled in. Note: In the event an additional training type is provided on a later date, the career planner may need to update the IEP to indicate a new type of training will be added. Career planner will then return to this section to complete the training information and date fields. |
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|  | Total Number of Training Weeks | Indicate number of training weeks for each training type (as applicable). |
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|  | Total Trade Costs of Training | Calculate costs below for each category and enter total Trade training costs in the “total costs” box. |
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|  |  | **Six Conditions of Training: Criteria for Approval of Training and Industry Recognized Credential** |
|  | 6 Conditions and Industry Recognized Credential | Training may be approved for a trade-affected worker if all the following criteria: Answer “Yes” or “No’ to each Criterion for 6 conditions of training. The 6 conditions of training and industry recognized credential will still be summarized and documented in a case note for merit staff review and approval. A printout of this summary is required to be attached to this IEP. Either a word document of the 6 conditions/industry recognized credential or a copy of the merit staff case note printout with the 6 conditions/industry recognized credential is acceptable to attach to this IEP.  **Participant Agreement for Co-Enrollment into WIOA Services** |
|  | Eligibility for WIOA | Does the participant meet eligibility requirements for the WIOA program: Answer “Yes” or “No” for WIOA eligibility? If “No”, provide reason below. |
|  |  | Does participant agree to be co-enrolled into WIOA services? Mark “Yes” or “No”. If “No”, a reason must be provided, and the participant must sign #37 Participant Waiver of Option to Co-Enroll in WIOA. |
|  |  | If the participant does not agree to be co-enrolled in WIOA services, then this attestation statement must be signed and dated by the participant. |
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|  | WIOA Services | Select all WIOA services the participant will initially be enrolled in and update the Date Offered and Service Start Dates as applicable. Note: In the event additional WIOA services are provided on a later date, the career planner may need to update the IEP to indicate a new WIOA service will be added. Career planner will then return to this section to mark the service and complete the date fields. |
|  | Participant Responsibilities | Trade participants are required to meet certain obligations and responsibilities while participating in a Trade program. The following responsibilities must be read to the participant. The participant is required to initial and date indicating an agreement to these responsibilities. Select all applicable sections.  General Responsibilities must be agreed to by all participants.  Waiver Responsibilities must be agreed to by any participant enrolled in a waiver service/status.  Training Responsibilities must be agreed to by any participant enrolled in a training service.  Participant Agreement must be initialed and dated by all participants for whom an IEP is completed. |
|  | Breaks in Training | Record all breaks in training that will go over 30 days. Always use the published schedule of the training program or the training institution calendar scheduled to calculate. Do not include Saturdays and Sundays, State and National Holidays in which the training institution would not be open for classes. TRA will not be paid for breaks in training which begins and ends with a scheduled break that is 31 days or more. |
|  | Trade Training Benchmarks | Career planners must review the benchmark requirements and acceptable documentation below with the participant. The participant must agree to the requirements and initial. |
|  |  | **Original Approval of Plan**  **Participant, Career Planner, and LWIA Director Signature** |
|  | Participant Signature | Career planner must read appeal rights. Participant must sign and date. |
|  |  |  |
|  | Approved/Denied | Career planner and LWIA Director will review IEP and either approve or deny the re-employment plan by marking box 42 below. |
|  | Career Planner Signature | The career planner must sign and date. |
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|  | List Additional Comments | List any additional comments in this section. |
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