**EMPLOYABILITY DEVELOPMENT PLAN includes:**

1. **Occupational Assessments and Career Research: (mandatory for initial LE EDP)**

* Does the individual have a clear work objective?
* Have they utilized any assessment tools? When were they taken? What were the interpretations?
* What training have they taken? Are they interested in attending more training?
* Where have they worked (including in the military), for how long and what were their jobs?
* How likely are they to return to previous occupations?
* What are some of their personality skills, transferable skills and job-related skills?

1. **Justification for Employment Goal: (mandatory for initial LE EDP)**

* Have they completed any labor market information research on occupations they say they want? What is growth rate and what is the medium income for the occupation they want?
* Have they been applying for those types of jobs and if so, where?
* Has there been a discussion on where and how to look for job leads?
* How much money are they looking for now and in six months?

1. **Justification for vocational goal:**

* What criteria were used when deciding on the goal? Such as testing or other assessment.

1. **Client strengths: (mandatory for initial LE EDP)**

* What experience and training does the veteran currently have?
* What are the veteran’s areas of interest that would ensure success on the job?

1. **Plans for Overcoming Barriers: (mandatory for initial LE EDP-if applicable)**

* Do they have any barriers at this time that would prevent them from obtaining full-time work? Are they job ready?
* If there are any barriers just as poor work history, lack of child care, lack of transportation, housing issues, medical issues, shelter, food, clothing, alcohol/drug problems, etc., what can be done to alleviate these?
* Are there any agencies, or service providers, that you are working with now?

1. **Assistive technology needs for achieving goals:**

* Does the veteran need any special accommodations in order to perform their job? (ie back support, magnifier screen etc..)

1. **Client Responsibilities and Agency Responsibilities: (mandatory for initial LE EDP)**

* Since ***this is intensive services***, the client and agency rep need to communicate at least once every two weeks to ensure resume and cover letter are completed properly and are active in Delaware JobLink, job referrals and job developments are made and with follow-ups, mock interviews are completed and discussed, Delaware Career Guide and the Ultimate Job Search booklet and/or video is reviewed and discussed, proper referrals to workshops are made and with possible referrals to the training unit.
* Agency rep will notify client jobs that come through office for which they are qualified.
* Agency rep will call employers on client’s behalf.
* Client will follow-up on all contacts with employers.
* Get Day 1, 30, 60 and 90 day placements are given/sent to veteran representative.
* All services between client and agency rep should be annotated in Delaware JobLink.

1. **Economic need statement and planning:**

* What income does the veteran need to meet their needs? This should include housing, transportation and other monthly demands.

1. **Required Supportive Services During Active Participation:**

* Are there any required supportive services needed at this time? Be specific.
* What follow-up will be done?
* Do they have the basic needs for success? Transportation, clothing, housing etc.

1. **Post Employment Needs:**

* Day 1, 30, 60 and 90 day employment follow up. Any barriers/issues should be addressed and plan for action should be outlined.

1. **Client Involvement statement: (mandatory for initial LE EDP)**

* I have read this document and agree to the Employment Development Plan.

1. **Client progress review:**

* Progress notes should be entered after each contact whether it is by email, phone or face to face. Anything that surfaces

1. **Additional notes:**

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_