

WORK HISTORY

Begin with your present or most RECENT employer (including military).

Employer Name		Employer Address	
Date of Employment From: To:	Hours per week	Wage/Salary \$ per	Reason for leaving
Job Title: _____		Did you like this job? () Yes () No	
Job Duties Performed: _____ _____ _____			
Tools/Equipment Used: _____			
Skills Used : _____			

Employer Name		Employer Address	
Date of Employment From: To:	Hours per week	Wage/Salary \$ per	Reason for leaving
Job Title: _____		Did you like this job? () Yes () No	
Job Duties Performed: _____ _____ _____			
Tools/Equipment Used: _____			
Skills Used : _____			

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Date of Employment From: To:	Hours per week	Wage/Salary \$ per	Reason for leaving
Job Title: _____		Did you like this job? () Yes () No	
Job Duties Performed: _____ _____ _____			
Tools/Equipment Used: _____			
Skills Used : _____			

SUMMARY OF OTHER WORK EXPERIENCE / OTHER TYPES OF LICENSES / HOBBIES

EMPLOYABILITY ISSUES

Comments: _____

Are you currently involved with:

- a) vocational rehabilitation () Contact Person's Name: _____
- b) training program
- c) any other agency () Office Location: _____

GOALS SELECTED

Long Term Goal: _____ Estimated Completion Date: _____

Short Term Goal _____ Estimated Completion Date: _____

Steps Needed	Person Responsible	Follow-Up/Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Results: _____

Short Term Goal: _____
_____ Estimated Completion Date: _____

Steps Needed	Person Responsible	Follow-Up Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Results: _____

CERTIFICATION

I certify that all the information given is true to the best of my knowledge and belief. I further certify that all the above data as well as my personal rights and privileges have been discussed with me, and that I have participated cooperatively in the development of this Individualized Development Plan.

Client Signature

Date

Case Manager Signature

Date