



**NORTH CAROLINA  
Senior Community Service Employment Program  
Individual Employment Plan**

Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's employment goal for their involvement with SCSEP is:

\_\_\_\_\_

**Participant's current and specific goal for this plan is:**

\_\_\_\_\_

**To reach this goal the participant will complete the following steps:**  
(Include specific actions to be taken, measurable outcomes & deadlines)

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_

**This plan will be reviewed, and the next one developed by:** \_\_\_\_\_

I have assisted in completing this Individual Employment Plan, and I agree with the listed steps to be completed.  
**I understand that failure to follow through on this plan may result in my termination from the program.**

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that this Individual Employment Plan was completed with the participation of the Participant.

Signature of SCSEP Staff: \_\_\_\_\_ Date: \_\_\_\_\_

**IEP Progress Review**

\_\_\_\_\_

Oct 2014

Instructions: Complete either section A, B or C as appropriate.

A. [ ] The participant has successfully completed the goals and action steps of their IEP.



**Stop here.** A new IEP should now be completed and signed by participant and SCSEP staff.

B.[ ] The participant's goals have changed, and he/she now needs to complete a new IEP.



**Stop here.** A new IEP should now be completed and signed by participant and SCSEP staff.

C.[ ] The participant still needs to complete the goals and action steps of their IEP as noted:

**Participant's immediate and specific goal for this plan is:**

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**To reach this goal the participant still needs to complete the following steps:**  
(Include specific actions to be taken, measurable outcomes & deadlines)

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**This plan will be reviewed, and the next one developed by:** \_\_\_\_\_

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I have assisted in completing this Individual Employment Plan, and I agree with the listed steps to be completed. I understand that failure to follow through on this plan may result in my termination from the program.

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that this I.E.P. Progress Review was completed with the participation of the Participant.

SCSEP staff's signature: \_\_\_\_\_ Date: \_\_\_\_\_