

# ASU-Newport Career Pathways Initiative Individual Employment Plan (IEP)

To be completed by the student with the assistance of the Case Manager during the  
Counseling Process (This document becomes part of the student file)

Name \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Pathway \_\_\_\_\_ Certificate/Degree(s) attained \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

Career Pathways Employability Cert or Career Readiness Certificate completed? Yes \_\_\_\_\_ No \_\_\_\_\_

## Contact Information

3 Relatives **NOT** living with you, who will always know where you are:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Land line: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Land line: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Land line: \_\_\_\_\_

**TEA/WORK PAYS**

Are you participating in TEA or Workpays?      Yes                  No

Why or why not? \_\_\_\_\_

As a Current TEA client, my case manager has informed me about the Work Pays program.      Yes                  No

I plan to enroll in Work Pays when I become eligible for the program.      Yes                  No

**EMPLOYMENT PLANS**

I am currently working:              Yes                  No

I am looking for employment:      Yes                  No

**Education/Career Plan**

Goals	Results Expected	Planned Completion Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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I have employment waiting for me.      Yes      No

If yes, Company \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

I am returning to my previous place of employment with higher wages. Yes No

If yes, Company \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

I plan to remain at my place of employment for: 6 months 12 months Indefinitely N/A

Company \_\_\_\_\_ Current wages or salary \_\_\_\_\_

Address \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

### Employment Information Disclosure Agreement

I understand that the Career Pathways Initiative at Arkansas State University-Newport will follow my progress upon completion of my participation in CPI for at least 12 months. I am aware that follow-up calls and/or mailers will be used to follow my progress. I also understand that this information will be kept confidential and will be used for reporting purposes only.

**Permission to contact employer: Yes No**

\_\_\_\_\_  
Student's Signature Date \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature Date \_\_\_\_\_

Updated (see new IEP form)  No Change

\_\_\_\_\_  
Student's Signature Date \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature Date \_\_\_\_\_

Updated (see new IEP form)  No Change

\_\_\_\_\_  
Student's Signature Date \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature Date \_\_\_\_\_