

Individual Plan for Employment Worksheet Maine Division of Vocational Rehabilitation

Instructions:

The purpose of this worksheet is to help you understand what is required in an Employment Plan. The information you provide in the worksheet will help you put together a plan to go to work. You will be working with your Vocational Rehabilitation Counselor (VRC) as a team to develop this plan for employment.

Your VRC must approve your Employment Plan before it is signed by both of you. Your VRC will review this worksheet and eventual Employment Plan to make sure you have considered everything that is needed to help you get the job you want. Your Employment Plan becomes effective the date you and your VRC sign it.

If you need more space than is provided for any item, please use a blank sheet of paper, clearly identifying the part of the plan you are working on.

1. Name: _____

2. Date this plan will begin: _____

3. Expected employment date: _____

Items 4 through 9 will help you think about the job that is the best job choice for you.

**4. I have chosen the job of _____
as my work goal or employment outcome.**

5. Description of the job and/or other work setting I would like:

6. Reason(s) for selecting my employment goal (check all that apply):

A good choice given my abilities and disability

I am currently doing this type of work.

I explored options and feel this is a good choice.

I have a job offer to do this type of work.

I have successfully completed related training.

I have successfully done this type of work before.

This job goal matches my interests, abilities, strengths, resources and priorities.

The job market for this type of work is good.

Other _____

7. My disability causes the following problems getting or keeping a job:

**8. I have other employment barriers not related to my disability including:
(for example, transportation may be unavailable)**

9. Here are the solutions/steps I need to overcome the barriers listed in questions #7 and #8:

- A.
- B.
- C.
- D.
- E.
- F.

Item 10 is for listing the services you will need to help you overcome your barriers to employment as listed in items 7 and 8 above. The services should help you complete the steps you listed in item 9. For each service you will also need to choose:

- **who will provide the services (called a vendor)**
- **how the cost of services will be paid for**
- **the date the services will begin and end**

Item 10 provides room to list 4 services. If you need more than 4 services, use a blank sheet of paper, being sure to show all of the information requested on the form.

10. These services will help me achieve the steps listed in #9 above:

Service #1:

My chosen provider:

How I chose this person or organization:

Funding sources other than DVR which may pay for this service:

Beginning Date of Service: (Estimated Date)

Ending Date of Service: (Estimated Date)

Service #2:

My chosen provider:

How I chose this person or organization:

Funding sources other than DVR which may pay for this service:

Beginning Date of Service: (Estimated Date)

Ending Date of Service: (Estimated Date)

Service #3:

My chosen provider:

How I chose this person or organization:

Funding sources other than DVR which may pay for this service:

Beginning Date of Service: (Estimated Date)

Ending Date of Service: (Estimated Date)

Service #4:

My chosen provider:

How I chose this person or organization:

Funding sources other than DVR which may pay for this service:

11. How will progress toward your work goal be measured?

This section should include the steps that you and your VRC will use to measure your progress toward your employment goal. (Examples might be completion of each service listed above, admission to training, completion of training, enrollment with a community service provider, etc.)

12. Client Responsibilities:

This section should include a list of what you will be responsible for completing throughout your tenure with VR. (Examples might include continuing communication with your VRC, choosing vendors, etc.)