

Assessment Milestone Report

Individual's Name: _____

Home Phone Number: _____ Cell Phone Number: _____

Contract: ER JP SE

List last three jobs:

Employer	Job Title	Start Date	End Date	Wage	Reason for leaving

List three educational institutions and/or training programs:

Name of School	City, State	Years	Degree/Diploma/Certificate

IPE Vocational Goal: _____ Weekly Work Goal (hours/week): _____

Individual's career interest expressed during assessment:

Prospective Employer	Job(s) identified with employer

Summary of job skills as identified in the assessment process (Examples include: soft skills, customer service skills, typing skills (minimum 35 WPM), cashier skills, welding skills, etc.):

Supports needed: list all – job search training, digital/electronic resume writing and/or video résumé, interview skills, transportation, housing, childcare, money management, life skills management, clothing, shoes, etc.

Individual's comments regarding expectations of work:

Summary EC observations/comments from assessment milestone:

For ER & JP only, submit Electronic Résumé with other required milestone documentation.

EC Name: _____ Date: _____