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 education	al institutions	and/or train	ing prograr	ms:		
Name of School	City	City, State		Degre	e/Diploma/Certificate	
IPE Vocational Goal:		,	Weekly Wo	rk Goal (ł	nours/week):	
- Individual's career ir					,	
	<u> </u>					
		1.				
Prospective Employer			b(s) identifie	ed with er	nployer	

skills, customer service skills, typing skills (skills, etc.):	
Supports needed: list all – job search training and/or video résumé, interview skills, trans management, life skills management, cloth	portation, housing, childcare, money
Individual's comments regarding expectati	ons of work:
Summary EC observations/comments from	assessment milestone:
For ER & JP only, submit Electronic Résumé v documentation.	vith other required milestone
EC Name:	Date: