

Employability Assistance for People with Disabilities (EAPD)

Individualized Vocational Plan

Participant's Name:

Birth Date:

Vocational Counsellor:

Region:

V.T.#:

Vocational Plan #:

Amendment #:

Purpose for completing this form

Check all that apply

- Recording of Vocational Plan not requiring EAPD funding.
- Recording of Vocational Plan involving projected funding from EAPD.
- Plan seeking Educational Funding Support.
- Update of a previously funded plan when there has been no funding required or approved during the last 12 months.
- Update to vocational goal or plan that may significantly change future funding requests.

Vocational or employment goal: *(not mandatory for assessments or first month of work training)*

Plan for achieving vocational goal:

Factors impacting achievement of vocational or employment goals:

Action Steps the participant plans to undertake towards addressing the factors which will impact on achieving the vocational goal including financial resources for non EAPD funded expenses or costs:

Amendments/updates:

Action Steps Vocational Counsellor agrees to undertake in support of participant's achievement of his/her vocational goal:

Amendments/updates:

Components for which Individualized EAPD Training Funds may be requested during the time frame of:

to

(maximum 3 years from original/ updated plan. However actual funding is year to year)

Amendments/Updates

