INDIVIDUAL SELF SUFFICIENCY PLAN (ISP)

Name:_____ **Social Security Number:**_____

Address:_____ **Telephone**_____ **E-Mail**_____

Tribal Membership: _____ **Enrollment Number:**_____

Education: High School_____ **GED:**_____

Previous Training: _____ **Address:**_____

Post Secondary Education:_____ **Address:**_____

Previous Employment:_____

WIA Services:_____

Special Skills:

_____

_____

Request: Vocational Training:____ **Job Placement:**____ **On The Job Training:** ____ **Short Term**_____

Goals:_____

_____

_____

Individual Action Plan:_____

_____

_____

For Office Use Only:

Tribal Education Action Plan:_____

_____

_____

5//23/24