

# UPPER SHORE WORKFORCE SCHOLARSHIP OFFICE

## IETP AGREEMENT

Service Provider \_\_\_\_\_ Phone \_\_\_\_\_

Long Term Employment Goal \_\_\_\_\_

Short Term Training Goal \_\_\_\_\_

Future Training Goal \_\_\_\_\_

Courses Needed \_\_\_\_\_

### Training Support Agreement

1. At this date, I am  receiving unemployment insurance  UI Waiver
2. At this date, I am **not**  receiving unemployment and I am eligible for a services stipend, which becomes a part of my employment plan.  Stipend Support
3. I **agree**  to apply for federal PELL Grant monies for PELL qualified training, AND if I am awarded, I will complete all required documents to receive the award.  PELL
4. I **agree** to check with other organizations FOR ASSISTANCE WITH TRAINING COSTS:  DORS  Adult AND if I am granted additional funds, I will complete all required documents to receive the award.  DSS  Other \_\_\_\_\_

### IETP Agreement

The training information above represents a strategy jointly developed by me and my career and advising counselor. I understand that I must achieve a satisfactory grade of C or above and maintain a 2.0 average. I agree to communicate my grades, and my completion status. If I have a change of address, phone number or email address, I will contact the WIOA offices. If I am unable to complete this program, I agree to contact my career and advising counselor immediately. With my signature below, I verify that I understand the terms of this Individual Employment Development Plan (IETP):

\_\_\_\_\_  
Signature of Participant

Info Release

**Counselor Authorization:** I have advised this participant with regard to the course of action agreed-upon by this Individual Employment Development Plan (IETP), and as noted in MWE.

\_\_\_\_\_  
Authorized WIOA Career and Advising Staff

Name: \_\_\_\_\_

### **Authorization to Obtain Information**

I acknowledge that once I am authorized to benefit from WIOA Title I Training Funding, I have an obligation to stay in contact with my local WIOA Case Manager to report changes in address, phone and email contact; I also agree that I will report the outcome information regarding my approved training plan, and I will report any and all subsequent employment information.

With my signature below, I give the WIOA Title I entity the authority to research and verify my education/training course outcome, and my employment information for the purpose of required reporting outcomes as an indicator of the performance of WIOA Title I Training funds. This information will not be shared with any other entity without your knowledge or approval. Federal guidelines request outcome information for continued funding, and only use aggregate information that requires a code assigned to you without using your personally identifiable information (PII).

The WIOA entity agrees to safeguard your PII information, and will only report employment information in the aggregate. If I have any questions about this information release, I can call the WIOA Title I Program Director.

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### **Third Party Document Release**

The Family Educational Rights and Privacy Act of 1974 (FERPA) allows for release of third party transcripts with the student's written authorization. I authorize the following:

- Release information regarding grades, attendance, participation, progress, and certificates of completion;
- Release employment information regarding employer, start date, wage rate and job title. Reason for Request:
- Training outcome information • Employment

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### **Waiver and Release**

I hereby agree to the above, as sponsored by our fiscal agent, Chesapeake College, its officers, directors, employees and agents: WIOA Title I, Training & Career Services, under the Upper Shore Workforce Investment Board, P. O. Box 8, Wye Mills, Maryland 21679, [www.uswib.org](http://www.uswib.org) (410) 822-1716.

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Signature of Student

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Date