



**FLORIDA DIVISION OF VOCATIONAL REHABILITATION
INDIVIDUAL CAREER PLAN**

The following plan has been developed collaboratively between the Provider and the VR Customer. The Provider must complete this form and submit it to the VR Counselor within sixty (60) days of Referral acceptance and prior to Placement.

1. CUSTOMER NAME: _____ CUSTOMER ID #: _____
PROVIDER NAME: _____ VR COUNSELOR NAME: _____
REFERRAL ACCEPTANCE DATE: _____ DATE OF ICP DISCUSSION: _____

DESCRIPTION OF TARGETED EMPLOYMENT OUTCOME:

2. DESCRIPTION OF THE CUSTOMER'S CURRENT SUPPORT SYSTEM:
3. ANALYSIS OF THE CUSTOMER'S STRENGTHS AND CAPACITIES IN RELATION TO THE EMPLOYMENT OUTCOME IDENTIFIED IN THE CUSTOMER'S IPE:
4. DESCRIPTION OF ALL ANTICIPATED SUPPORTS AND THE ROLE OF EACH IN SUPPORTING THE CUSTOMER'S EMPLOYMENT GOALS:
5. NAMES OF INDIVIDUALS CONTACTED IN THE INFORMATION GATHERING AND CAREER PLAN DEVELOPMENT PROCESS:
6. PLAN FOR EMPLOYMENT SERVICES AND IMPLEMENTATION OF SUPPORTS:

7. SIGNATURES:

CUSTOMER: _____ DATE: _____
PROVIDER: _____ DATE _____