

## Individual Service Strategy (ISS) for WIOA Youth Services

Youth Name: _____	Date: _____
DOB: _____	PID: _____
Address: _____	Phone: _____
Email: _____	Agency/Staff: _____

\*Do not use social security number for participant I.D.

<b>Brief Assessment Overview</b>			
<i>Identify personal, educational, occupational, financial, medical, childcare, transportation, housing, food/nutrition</i>			
Strengths	Challenges (Barriers)	Service/Resource/Partner Agency Referral	
<b>Goals</b>			
<i>Identify personal, educational, and occupational short- and long-term goals</i>			
Goal Type	Short-Term Goal	Long-Term Goal	Performance Indicator(s) Goal is Linked To
Educational Goal			
Occupational/Employment Goal			
Personal/Social Goal			

**Program Elements Needed to Achieve Goal**

Youth are required to have access to all fourteen WIOA Youth program elements. Please select elements based on needs identified on the participant's objective assessment.

<b>Improving Educational Achievement</b>	<b>Date Opened</b>	<b>Projected End Date</b>	<b>Actual End Date</b>	<b>Successful Completion</b>
<input type="checkbox"/> Tutoring: study skills training, and instruction leading to secondary school completion, including dropout prevention strategies  <i>Action Steps/Referrals/Comments:</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No  <i>Explain:</i>
<input type="checkbox"/> Alternative secondary school offerings  <i>Action Steps/Referrals/Comments:</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No  <i>Explain:</i>
<input type="checkbox"/> Activities that help youth prepare for transition to postsecondary education and training  <i>Action Steps/Referrals/Comments:</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No  <i>Explain:</i>
<b>Preparing for and Succeeding in Employment</b>	<b>Date Opened</b>	<b>Projected End Date</b>	<b>Actual End Date</b>	<b>Successful Completion</b>
<input type="checkbox"/> Paid & Unpaid Work Experience (Summer Employment, Pre-Apprenticeship Programs, Internships, Job Shadowing, OJT with academic & occupational education)  <i>Action Steps/Referrals/Comments:</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No  <i>Explain:</i>
<input type="checkbox"/> Labor Market & Employment information including Career Awareness, Career Counseling, and Career Exploration Services  <i>Action Steps/Referrals/Comments:</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No  <i>Explain:</i>
<input type="checkbox"/> Education offered concurrently with Workforce Preparation and Training for a specific occupation  <i>Action Steps/Referrals/Comments:</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No  <i>Explain:</i>

<b>Preparing for and Succeeding in Employment</b>	<b>Date Opened</b>	<b>Projected End Date</b>	<b>Actual End Date</b>	<b>Successful Completion</b>
<input type="checkbox"/> Occupational Skills Training  <i>Action Steps/Referrals/Comments:</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No  <i>Explain:</i>
<input type="checkbox"/> Entrepreneurial Skills Training  <i>Action Steps/Referrals/Comments:</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No  <i>Explain:</i>
<b>Supporting Youth</b>	<b>Date Opened</b>	<b>Projected End Date</b>	<b>Actual End Date</b>	<b>Successful Completion</b>
<input type="checkbox"/> Supportive Services  <i>Action Steps/Referrals/Comments:</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No  <i>Explain:</i>
<input type="checkbox"/> Adult Mentoring  <i>Action Steps/Referrals/Comments:</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No  <i>Explain:</i>
<input type="checkbox"/> Comprehensive Guidance & Counseling (may include drug & alcohol abuse counseling & referral)  <i>Action Steps/Referrals/Comments:</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No  <i>Explain:</i>
<input type="checkbox"/> Follow-up  <i>Action Steps/Referrals/Comments:</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No  <i>Explain:</i>
<b>Developing the Potential of Young People as Citizens &amp; Leaders</b>	<b>Date Opened</b>	<b>Projected End Date</b>	<b>Actual End Date</b>	<b>Successful Completion</b>
<input type="checkbox"/> Leadership Development Opportunities/ Opportunities to develop social behaviors, other soft skills, and leadership opportunities  <i>Action Steps/Referrals/Comments:</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No  <i>Explain:</i>



Youth Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ ID\*: \_\_\_\_\_

\*Do not use social security number for participant ID.

**Youth and Case Manager Agreements:**

**For Youth - I agree to:**

- Contact my Case Manager monthly or as often as necessary to update my progress on this plan. I understand that my case can be closed if I go 90 days without participating in a service.
- Let my Case Manager know of any problems which would cause changes to any activities or interfere with completing the plan.
- Seek, accept and maintain employment that meets my planned goal(s) as stated above.
- Contact my Case Manager when I become employed and provide all necessary information pertaining to the job.
- Stay in contact with my Case Manager for up to a year after exiting the program to maintain and support meeting my goals.

**For the Case Manager – I agree to:**

- Assist with the appropriate career guidance, training and supportive services.
- Coordinate with other agencies and programs to help you obtain needed services.
- Monitor your participation and progress in the activities above.
- Assist you in your search for employment.
- Maintain contact with you for up to one year after you obtain employment for employment retention and career advancement purposes.

\*Youth Provider staff will obtain and release employment and training related information as appropriate. The type of information released or shared is strictly for the purposes of eligibility determination, developing, implementing, and monitoring of agreed Individual Employment Plan. I agree to attend and adhere to training schedule and maintain acceptable attendance throughout completion of training and additional services provided.

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Case Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date