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

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| Youth Name: |  | Date: |  |
| DOB: |  | ID#s\*: |  |
| Address: |  | Phone: |  |
| Email: |  | Staff: |  |

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

**Framework of an ISS:**

* Directly linked to one or more indicators of performance
* Based on the objective assessment
* Identifies a career pathway that includes education and employment goals

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

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| **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.* | | | | |
| **Improving Educational Achievement** | **Date Opened** | **Projected End Date** | **Actual End Date** | **Successful Completion** |
| Tutoring: study skills training, and instruction leading to secondary school completion, including dropout prevention strategies  *Action Steps/Referrals:*  *Comments:* |  |  |  | Yes  No  *Explain:* |
| Alternative secondary school offerings  *Action Steps/Referrals:*  *Comments:* |  |  |  | Yes  No  *Explain:* |
| Activities that help youth prepare for transition to  postsecondary education and training  *Action Steps/Referrals:*  *Comments:* |  |  |  | Yes  No  *Explain:* |
| **Preparing for and Succeeding in Employment** | **Date Opened** | **Projected End Date** | **Actual End Date** | **Successful Completion** |
| Paid & unpaid work experience (summer employment, pre-apprenticeship programs, internships, job shadowing, OJT) with Academic & occupational education  *Action Steps/Referrals:*  *Comments:* |  |  |  | Yes  No  *Explain:* |
| Labor market & employment information including career awareness, career counseling, and career exploration services  *Action Steps/Referrals:*  *Comments:* |  |  |  | Yes  No  *Explain:* |
| Education offered concurrently with workforce preparation and training for a specific occupation  *Action Steps/Referrals:*  *Comments:* |  |  |  | Yes  No  *Explain:* |
| **Preparing for and Succeeding in Employment** | **Date Opened** | **Projected End Date** | **Actual End Date** | **Successful Completion** |
| Occupational skills training  *Action Steps/Referrals:*  *Comments:* |  |  |  | Yes  No  *Explain:* |
| Entrepreneurial skills training  *Action Steps/Referrals:*  *Comments:* |  |  |  | Yes  No  *Explain:* |
| **Supporting Youth** | **Date Opened** | **Projected End Date** | **Actual End Date** | **Successful Completion** |
| Supportive services  *Action Steps/Referrals:*  *Comments:* |  |  |  | Yes  No  *Explain:* |
| Adult mentoring  *Action Steps/Referrals:*  *Comments:* |  |  |  | Yes  No  *Explain:* |
| Comprehensive guidance & counseling (may include drug & alcohol abuse counseling & referral)  *Action Steps/Referrals:*  *Comments:* |  |  |  | Yes  No  *Explain:* |
| Follow-up  *Action Steps/Referrals:*  *Comments:* |  |  |  | Yes  No  *Explain:* |
| **Developing the Potential of Young People as Citizens & Leaders** | **Date Opened** | **Projected End Date** | **Actual End Date** | **Successful Completion** |
| Leadership development opportunities/ Opportunities to develop social behaviors, other soft skills, and leadership opportunities  *Action Steps/Referrals:*  *Comments:* |  |  |  | Yes  No  *Explain:* |
| **Developing the Potential of Young People as Citizens & Leaders** | **Date Opened** | **Projected End Date** | **Actual End Date** | **Successful Completion** |
| Financial literacy  *Action Steps/Referrals:*  *Comments:* |  |  |  | Yes  No  *Explain:* |
| **Potential Barriers to Goal Achievement:** | | | | |
| **Case Notes/ISS Review Updates:**  *Include any progress, such as but not limited to measurable skill gains, other goal completions* | | | | |

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| **Individual Service Strategy Updates** | | |
| **Date** | **Case Note Update** | **Case Manager Initials** |
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**ISS for WIOA Youth Services**

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| 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.

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| Youth Signature |  | Case Manager Signature |
|  |  |  |
| Date |  | Date |