

Youth Individual Service Strategy (ISS) for WIOA Youth Services

TEMPLATE

Youth Participant Name: _____ Date: _____
 Date of Birth: _____ AOSOS ID #: _____
 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 [WIOA Sec. 129 (c) (I) (B)]
- ▶ Based on a Comprehensive Assessment [WIOA Sec. 129 (c) (I) (A)]
- ▶ Identifies a career pathway that includes education and employment goals [WIOA Sec.129(c)(i)(B)]

COMPREHENSIVE ASSESSMENT SECTION

Case Manager Assigned: _____

Date: _____

Education Status:

☐ **Currently In-School**

Name of School: _____

School Address: _____

Dates Attended: _____ to _____

Last Grade Completed: _____

☐ **Currently Out-of-School**

Name of Last School: _____

School Address: _____

Drop-out Date: _____

Highest Grade Completed: _____ HS Equivalency/HS Diploma: ☐ Yes ☐ No

Vocational Certificate: _____

College Credits Completed: _____

Degree Obtained: _____

Military: Active/Veteran: ☐ Yes ☐ No

Military Occupational Code (MOS): _____

Part I. Objective Assessment: Academic Levels

Out of School Youth:

Assessment Instrument: _____

Requires Remediation: ☐ Yes ☐ No

	Date	Math Grade Level	Reading Grade Level	Scale Score	EFL	Grade Level Equivalent
Pre-Test						
Post-Test						

In School Youth Only:

Review of School Record: _____

Requires Remediation: ☐ Yes ☐ No

Review of School's Assessment: _____

Assessment of Skill Levels

Employability, Interest, and Aptitudes

Assessment Instrument: _____

Assessment Date: _____

Results Summary: _____

Employability: _____

Interests: _____

Aptitudes: _____

Occupational Skills: Check all knowledge, skills, and abilities that apply.

Knowledge: ☐ Science ☐ Technology ☐ Math ☐ English ☐ Social Studies ☐ Music ☐ Dance
☐ Performance ☐ Fine arts ☐ Health/Nutrition ☐ Team Sports ☐ Individual Sports ☐ Other: _____

Skills:

Language Proficiency (list all languages): _____

Computer Skills: (hardware and software): _____

Works well with hands: _____

Works with Tools/Building trades: _____

Other (please specify): _____

Abilities:

Interpersonal: ☐ Works well alone ☐ Works well with others ☐ Both ☐ Don't know/never worked

Job Skills: _____

Summary of Occupational Skills (strengths and weaknesses):

--

Prior Work Experience/History:☐ Check if no work History and go to next page

Employer Name: _____

From: _____ To: _____

Address: _____

State: _____ Zip code: _____ County: _____

Beginning Wage: _____ Ending Wage: _____

Reason for Separation: _____

Employer Name: _____

From: _____ To: _____

Address: _____

State: _____ Zip code: _____ County: _____

Beginning Wage: _____ Ending Wage: _____

Reason for Separation: _____

Part II. Service Needs**Supportive Service Needed:**☐ Transportation☐ Clothing☐ Child/Dependent Care☐ Individual/Personalized Assistance☐ Needs-Based Payments☐ Housing☐ Other: _____**Financial Needs Assessment:**

Cost Category	Weekly/Monthly	Remarks
Rent/Mortgage		
Phone		
Utilities (Gas, Electric, Water, Etc.,)		
Child Care		
Food		
Transportation		
Other: _____		
TOTAL FINANCIAL NEED		

Youth with DisabilitiesDoes youth have a disability? ☐ Yes ☐ NoIndividualized Educational Plan (IEP) Obtained? ☐ Yes ☐ No Date of last IEP: _____

Accommodations Provided/Comments:

Part III. Career Pathways/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			N/A

Part IV: Objective Assessment Summary

Summarize the information documented to present an overall picture of participant

[illegible]

Part V: Referral to Other Services

Date: _____ Agency: _____

Reason:

Date: _____ Agency: _____

Reason:

Date: _____ Agency: _____

Reason:

Part VI: Program Elements Needed to Achieve Goals

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
<input type="checkbox"/> Tutoring: study skills training, and instruction and evidence-based dropout prevention and recovery strategies that lead to completion of the requirements for a secondary school diploma or its recognized equivalent (including a recognized certificate of attendance or similar document for individuals with disabilities) or for a recognized post-secondary credential. <i>Action Steps/Referrals:</i> <i>Comments:</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Explain:</i>
<input type="checkbox"/> Alternative secondary school services, or dropout recovery services, as appropriate <i>Action Steps/Referrals:</i> <i>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:</i> <i>Comments:</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Explain:</i>

Preparing for and Succeeding in Employment	Date Opened	Projected End Date	Actual End Date	Successful Completion
<input type="checkbox"/> Paid & unpaid work experience (summer employment, pre-apprenticeship programs, internships, job shadowing, OJT) with Academic & occupational education components. <i>Action Steps/Referrals:</i> <i>Comments:</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Explain:</i>
<input type="checkbox"/> Labor market & employment information about in demand industry sector or occupations available in local area, including career awareness, career counseling, and career exploration services. <i>Action Steps/Referrals:</i> <i>Comments:</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Explain:</i>
<input type="checkbox"/> Education offered concurrently with and in the same context as workforce preparation activities and training for a specific occupation or occupational cluster. <i>Action Steps/Referrals:</i> <i>Comments:</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Explain:</i>
<input type="checkbox"/> Occupational skills training, which shall include priority consideration for training programs that lead to recognized post-secondary credentials that are aligned with the in-demand industry sector or local area occupations. <i>Action Steps/Referrals:</i> <i>Comments:</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Explain:</i>
<input type="checkbox"/> Entrepreneurial skills training <i>Action Steps/Referrals:</i> <i>Comments:</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Explain:</i>

Supporting Youth	Date Opened	Projected End Date	Actual End Date	Successful Completion
<input type="checkbox"/> Supportive services <i>Action Steps/Referrals:</i> <i>Comments:</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Explain:</i>
<input type="checkbox"/> Adult mentoring <i>Action Steps/Referrals:</i> <i>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:</i> <i>Comments:</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Explain:</i>
<input type="checkbox"/> Follow-up for not less than 12 months after the completion of participation, as appropriate. Select Allowable program element(s): <input type="checkbox"/> Mentoring <input type="checkbox"/> Financial Literacy <input type="checkbox"/> Labor Market Information <input type="checkbox"/> Post-secondary Preparation & Transition <input type="checkbox"/> Supportive Services <i>Action Steps/Referrals:</i> <i>Opt out:</i> <i>Comments:</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Explain:</i>
Developing the Potential of Young People as Citizens & Leaders	Date Opened	Projected End Date	Actual End Date	Successful Completion
<input type="checkbox"/> Leadership development opportunities, which may include community service and peer-centered activities encouraging responsibility and other positive social and civic behaviors. <i>Action Steps/Referrals:</i> <i>Comments:</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Explain:</i>
<input type="checkbox"/> Financial literacy <i>Action Steps/Referrals:</i> <i>Comments:</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Explain:</i>

Part VII: Program Objectives

Based on the program elements identified, state the ISS objectives in specific, time-framed, measurable and outcome-oriented terms. Include as appropriate academics, employment opportunities, career development, leadership development, supportive services and other services specific to the contractor's program design.

WIOA Youth Services Youth Participant and Case Manager Agreement

Youth Participant Agreement:

- I have participated in the preparation of this Individual Service Strategy (ISS).
- I understand and agree with the ISS program elements established for my participation in the program.
- I agree to participate in program activities as assigned by my case manager to achieve program objectives.
- I understand WIOA is not an entitlement program, and this ISS does not guarantee receipt of any services.
- I understand that this ISS and/or information in it may be released to appropriate WIOA and school personnel.
- I understand that I have the right to obtain a copy of my ISS at any time.
- I will 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.
- I will let my Case Manager know of any problems which would cause changes to any activities or interfere with completing the plan.
- I will seek, accept and maintain employment that meets my planned goal(s) as stated above.
- I will contact my Case Manager when I become employed, and provide all necessary information pertaining to the job.
- I will stay in contact with my Case Manager for up to a year after exiting the program to maintain and support meeting my goals.

Case Manager Agreement:

- 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 Participant Name

Youth Participant Signature

Date

Case Manager Name

Case Manager Signature

Date

ISS Review and Updates/Case Management Notes

ISS must be reviewed at least every six months (including signature of youth worker and youth)
ISS must be updated as youth participants progress through the program. ISS updates must be documented on hard copy form and AOSOS
ISS must be shared with the contracted youth service providers

[illegible]

FOLLOW-UP

1st Month After Exit

Date: _____

Method of Contact: ☐ Phone call ☐ E-mail ☐ Home Visit ☐ Social Media ☐ Regular Mail ☐ Office VisitQualifying Outcome: ☐ Entered Post-secondary Ed ☐ Entered Training ☐ Entered Military
☐ Entered Apprenticeship ☐ Employed Received Credential2nd Month After Exit

Date: _____

Method of Contact: ☐ Phone call ☐ E-mail ☐ Home Visit ☐ Social Media ☐ Regular Mail ☐ Office VisitQualifying Outcome: ☐ Entered Post-secondary Ed ☐ Entered Training ☐ Entered Military
☐ Entered Apprenticeship ☐ Employed Received Credential3rd Month After Exit

Date: _____

Method of Contact: ☐ Phone call ☐ E-mail ☐ Home Visit ☐ Social Media ☐ Regular Mail ☐ Office VisitQualifying Outcome: ☐ Entered Post-secondary Ed ☐ Entered Training ☐ Entered Military
☐ Entered Apprenticeship ☐ Employed Received Credential4th Month After Exit

Date: _____

Method of Contact: ☐ Phone call ☐ E-mail ☐ Home Visit ☐ Social Media ☐ Regular Mail ☐ Office VisitQualifying Outcome: ☐ Entered Post-secondary Ed ☐ Entered Training ☐ Entered Military
☐ Entered Apprenticeship ☐ Employed Received Credential

5th Month After Exit

Date: _____

Method of Contact: ☐ Phone call ☐ E-mail ☐ Home Visit ☐ Social Media ☐ Regular Mail ☐ Office VisitQualifying Outcome: ☐ Entered Post-secondary Ed ☐ Entered Training ☐ Entered Military
☐ Entered Apprenticeship ☐ Employed Received Credential6th Month After Exit

Date: _____

Method of Contact: ☐ Phone call ☐ E-mail ☐ Home Visit ☐ Social Media ☐ Regular Mail ☐ Office VisitQualifying Outcome: ☐ Entered Post-secondary Ed ☐ Entered Training ☐ Entered Military
☐ Entered Apprenticeship ☐ Employed Received Credential7th Month After Exit

Date: _____

Method of Contact: ☐ Phone call ☐ E-mail ☐ Home Visit ☐ Social Media ☐ Regular Mail ☐ Office VisitQualifying Outcome: ☐ Entered Post-secondary Ed ☐ Entered Training ☐ Entered Military
☐ Entered Apprenticeship ☐ Employed Received Credential8th Month After Exit

Date: _____

Method of Contact: ☐ Phone call ☐ E-mail ☐ Home Visit ☐ Social Media ☐ Regular Mail ☐ Office VisitQualifying Outcome: ☐ Entered Post-secondary Ed ☐ Entered Training ☐ Entered Military
☐ Entered Apprenticeship ☐ Employed Received Credential

9th Month After Exit

Date: _____

Method of Contact: ☐ Phone call ☐ E-mail ☐ Home Visit ☐ Social Media ☐ Regular Mail ☐ Office VisitQualifying Outcome: ☐ Entered Post-secondary Ed ☐ Entered Training ☐ Entered Military
☐ Entered Apprenticeship ☐ Employed Received Credential10th Month After Exit

Date: _____

Method of Contact: ☐ Phone call ☐ E-mail ☐ Home Visit ☐ Social Media ☐ Regular Mail ☐ Office VisitQualifying Outcome: ☐ Entered Post-secondary Ed ☐ Entered Training ☐ Entered Military
☐ Entered Apprenticeship ☐ Employed Received Credential11th Month After Exit

Date: _____

Method of Contact: ☐ Phone call ☐ E-mail ☐ Home Visit ☐ Social Media ☐ Regular Mail ☐ Office VisitQualifying Outcome: ☐ Entered Post-secondary Ed ☐ Entered Training ☐ Entered Military
☐ Entered Apprenticeship ☐ Employed Received Credential12th Month After Exit

Date: _____

Method of Contact: ☐ Phone call ☐ E-mail ☐ Home Visit ☐ Social Media ☐ Regular Mail ☐ Office VisitQualifying Outcome: ☐ Entered Post-secondary Ed ☐ Entered Training ☐ Entered Military
☐ Entered Apprenticeship ☐ Employed Received Credential