

Youth Individual Service Strategy (ISS) for WIOA Youth Services

Youth Name: _____ Date: _____
 Last 4 SS# _____ DOB: _____
 Address: _____ Phone: _____
 Email: _____ Staff: _____

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

Brief Assessment Overview		
<i>Identify personal, educational, occupational, financial, medical, childcare, transportation, housing, food/nutrition</i>		
Strengths	Challenges (Barriers)	Service/Resource/Partner Agency Referral

Goals			
<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.

Preparing for and Succeeding in Employment	Date Opened	Projected End Date	Actual End Date	Successful Completion
<input type="checkbox"/> Occupational skills training <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 <i>Action Steps/Referrals:</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/ Opportunities to develop social behaviors, other soft skills, and leadership opportunities <i>Action Steps/Referrals:</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"/> Financial literacy <i>Action Steps/Referrals:</i> <i>Comments:</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Explain:</i>
Potential Barriers to Goal Achievement:				
Case Notes/ISS Review Updates: <i>Include any progress, such as but not limited to measurable skill gains, other goal completions</i>				

Individual Service Strategy Updates		
Date	Case Note Update	Youth and Case Manager Initials

ISS for WIOA Youth Services

Youth Name: _____ Date: _____

Last 4 SS#: _____ DOB: _____

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 Signature

Date

Case Manager Signature

Date

Parent/Guardian Signature

Date