**YOUTH EMPLOYMENT PROGRAM**

**INDIVIDUAL SERVICE STRATEGY**

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| --- |
| **Name:** |
| **Address:** |
| City: | **State**  |
| **Needs Additional Assistance**: Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_**(as per local policy – see corresponding case note)** |
|  * No plans for post-secondary education or training
* Lacks work experience
* Lacks documented or credentialed skills to offer employers
* Has difficulty finding or keeping employment
* Has no high school diploma or GED
* Enrolled in an alternative education program
* Has high school diploma or GED but does not have self-sufficient employment
* Has no stated or clearly delineated career path
* Needs support or an ITA to enter and/or complete training and/or post- secondary training and/or

 educational program to reach self-sufficiency |
|  |
| **Performance Goal(s)** |
|  | Action(s) | Projected Completion Date | **Actual Completion Date** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

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| **Projected Career Progression** |

Client Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assessment(s)**

TABE Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reading Score\_\_\_\_\_\_\_ Math Score\_\_\_\_\_\_\_ Grade Level\_\_\_\_\_\_\_

Career Scope Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments

Individual One-on-One Assessment (specify information observed/identified)

Other Assessment(s) (Specify)

Conclusion (check all that apply)

**Barrier Identified** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Needs Training Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Referral to Community Resource Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Needs Job Placement Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Needs Educational Services Type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Other Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Youth Elements |
| Provider Start DateTutoring and Study Skills Alternative Secondary School Financial Literacy EducationWork Experience Follow-Up Services Occupational Skills Training Leadership Development Comprehensive Guidance & Counseling Adult Mentoring Supportive Services Education offered concurrently with and in the same context as workforce preparation activities and training for a specific occupation or occupational cluster |
| Entrepreneurial Skills Training |
| Preparation and transitional activities for post-secondary education and training |
| Services that provide labor market and employment information about in-demand industry sectors or occupations available in the local area  |

Client Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Statement of Agreement

With the assistance of my Adviser, I have set the goals and developed the plan of action that is contained in this Individual Service Strategy (ISS) for my participation in the youth program. I understand and agree to my ISS. I also agree to put forth my best effort to achieve the goals and objectives listed now or added later to this ISS. I understand that the ISS is not a guarantee of employment or financial support for my service listed and that I have the ultimate responsibility for achieving the goals that I have set. I agree and authorize the release of this and any other information to other service providers that may assist in providing services to me.

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#### Signature Date

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#### Staff Signature Date