

Individual Service Strategy (ISS) Plan

Name: _____
(Last) (First) (M.I.)

I. OBJECTIVE ASSESSMENT

Testing Data

Reading Score: _____ Mathematics Score _____
Basic Skills Deficient? [] Yes or No []

Assessment Type: _____
Summary of Results: _____

Education:

Currently Attending Secondary School: [] Yes or No [] Name of School: _____
Currently Attending High School? [] Yes or No [] Name of School: _____
Does Student Have a High School Diploma or GED? State Type of Credential: _____

Is the Student Enrolled in GED Dropout Prevention or Recovery Program? [] Yes or No []
If no, discuss Program Options for those youth interested in obtaining their GED.

II. CAREER/OCCUPATIONAL ASSESSMENT

Short-Term Career Goal: _____

Long-Term Career Goal: _____

Explain Why These Goals Are Appropriate or Inappropriate _____

Describe How Participant Will Financially Support Themselves if Participant Receives Training/Program Services

Is This Occupation In Demand? [] Yes [] No

III. ASSET/BARRIER SUMMARY

	Asset	Barrier	Action to be Taken
<u>Job Skills</u>			
Specific Job Skills	_____	_____	_____
Work Experience	_____	_____	_____
Entrepreneurial Skills Training	_____	_____	_____
<u>Personal Considerations</u>			
Supportive Services	_____	_____	_____
Child Care	_____	_____	_____
Transportation	_____	_____	_____
Housing	_____	_____	_____
Enthusiasm	_____	_____	_____
Ability to Direct Self	_____	_____	_____
Motivation	_____	_____	_____
<u>Career Planning Skills</u>			
Personal Values	_____	_____	_____
Personal Interest and Capabilities	_____	_____	_____
Realistic and Available Occupations/LMI	_____	_____	_____
Realistic and Available Education Opportunities	_____	_____	_____
Need to Make a Career Decision	_____	_____	_____
Advancement Goals	_____	_____	_____

IV. YOUTH 14 ELEMENTS FOR SERVICES

Program Services Offered/Recommended:

- Tutoring, study skills training, and instruction leading to secondary school completion, including dropout prevention strategies Offered Provided
Start Date: _____ Projected End Date: _____
- Alternative secondary school offerings, or dropout recovery services, as appropriate Offered Provided
Start Date: _____ Projected End Date: _____
- Paid or unpaid work experience that have as a component academic and occupational education, which may include: Offered Provided
Start Date: _____ Projected End Date: _____
- Summer employment opportunities and other employment opportunities available throughout the school year Offered Provided
Start Date: _____ Projected End Date: _____
- Pre-apprenticeship programs Offered Provided
Start Date: _____ Projected End Date: _____
- Internships and job shadowing Offered Provided
Start Date: _____ Projected End Date: _____
- On-the-job training opportunities Offered Provided
Start Date: _____ Projected End Date: _____
- Occupational skill training Offered Provided
Start Date: _____ Projected End Date: _____
- Education offered concurrently with and in the same context as workforce preparation activities and training for a specific occupation or occupational cluster Offered Provided
Start Date: _____ Projected End Date: _____
- Leadership development opportunities Offered Provided
Start Date: _____ Projected End Date: _____
- Supportive Services Offered Provided
Start Date: _____ Projected End Date: _____
- Adult Mentoring Offered Provided
Start Date: _____ Projected End Date: _____
- Follow-up services Offered Provided
Start Date: _____ Projected End Date: _____
- Comprehensive guidance and counseling Offered Provided
Start Date: _____ Projected End Date: _____
- Financial literacy education Offered Provided
Start Date: _____ Projected End Date: _____
- Entrepreneurial skills training Offered Provided
Start Date: _____ Projected End Date: _____
- Services that provide labor market and employment information about in-demand industry sectors or occupations available in the local area, such as career awareness, career counseling, and career exploration services Offered Provided
Start Date: _____ Projected End Date: _____
- Activities that help youth prepare for and transition to postsecondary education and training Offered Provided
Start Date: _____ Projected End Date: _____

V. Training Plan

Vocational/Occupational Program Name:		
Training Institution Name:		
Address:		
City:	State:	Zip:
Training Start Date:		Training Planned End Date:
Cost of Training: \$		Additional service needs:

Training/Program Services Justification: Please describe why this training is appropriate for this individual, given his/her background and experience. Summarize the participant’s suitability, interests, aptitude toward work, motivation, financial resources and needs, supportive service needs and planned course of action.

Industry-recognized credential attainable through this training area of interest? Yes No

Is desired training PELL eligible? Yes No Amount \$ _____

Signatures

<i>I agree that I have participated in the development of this ISS plan.</i> Participant initials: _____
Participant Signature: _____
Parent or Guardian Signature (if under 18): _____
Original Date of Development: _____
Career Planner Signature: _____
Original Date of Development: _____

Change/Modification to Plan

Date _____

Reason for
Change _____

Participant Signature _____

Career Planner Signature _____

Change/Modification to Plan

Date _____

Reason for
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