**MOUNTAIN AREA WORKFORCE DEVELOPMENT BOARD**

**INDIVIDUAL SERVICE STRATEGY (ISS)**

# W.I.O.A YOUTH PROGRAM

Date: Participant Name:

NCWorks User ID #: Age @ application:

W.I.O.A. Classification: Younger Youth (under age 18) Older Youth (18-24)

Educational Status:

 In-School Youth Current School:

 Current Grade/Class:

 Out-of-School Youth Last Grade Completed:

Date Withdrawn: Last School Attended:

Educational Goal:

# ASSESSMENTS

**Basic Skills Assessment:** (Scores = Raw Scores and Grade Level Equivalents)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TABE Test | Test Level | Date | Reading Score | Math Score |
| Initial |  |  |  |  |
| Annual Test #1 |  |  |  |  |
| Annual Test #2 |  |  |  |  |
| Annual Test #3 |  |  |  |  |

**Occupational Interest Assessment** [**https://abtech.emsicareercoach.com/**](https://abtech.emsicareercoach.com/)

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**Work History:** (employer, position, date hired, date left, reason left)

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# BARRIERS TO EMPLOYMENT (WIOA Specific) STRATEGY

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**Support Service Needs**

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| **Need** | **Potential Service Provider** (include contact info) |
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**Interview Results:**

**Strengths/Assets and Capabilities Concerns/Challenges and Obstacles**

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**Service Needs (10 Elements)**

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| 1. **Element**
 | **Needed****Yes/No** | **Action Plan:** |
| 1. Tutoring |  |  |
| 2. Alternative Secondary School |  |  |
| 3. Summer Employment Linked to Academic & Occupational Learning |  |  |
| 4. Paid/Unpaid Work Experience |  |  |
| 5. Occupational Skills Training |  |  |
| 6. Leadership Development Opportunities |  |  |
| 7. Supportive Services |  |  |
| 8. Adult Mentoring |  |  |
| 9. Follow-up Services |  |  |
| 10. Guidance/Counseling Including Referral |  |  |

# RECOMMENDATIONS:

Enrollment in WIOA Youth Program to deliver services that address needs (as listed above) and/or initiate coordination with other service providers to achieve educational/career goals and prepare the client for competitive employment.

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## PROPOSED TRAINING AND SERVICES PLAN

Career/Occupational Goal(s): (Career Interest Assessments – SDS, O’Net or Other) <http://www.mynextmove.org/>

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Education/Training Required: O’Net: <http://www.onetonline.org/> and SVP Code: <http://www.onetonline.org/help/online/zones> )

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Potential Training Providers: (CFNC) <https://www1.cfnc.org/Plan/For_A_Career/_default.aspx>

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Potential Sources of Financial Aid: (CFNC) <https://www1.cfnc.org/Plan/For_A_Career/_default.aspx>

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Potential Earnings: Occupational Employment & Wages – NC <http://eslmi23.esc.state.nc.us/oeswage/>

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Potential Employers: NC Works Online <https://www.ncworks.gov/vosnet/Default.aspx>

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**Short-term Goals (One-Year or less)**

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| --- | --- | --- | --- |
| Goal | Actions | Date for Progress Check | Completion Date |
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*Notes from Progress Checks and recognition of goal completions shall be entered into the participant’s counseling records.*

**Long-term Goals (more than One-Year)**

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| --- | --- | --- | --- |
| Goal | Actions | Date for Progress Check | Completion Date |
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*Notes from Progress Checks and recognition of goal completions shall be entered into the participant’s counseling records.*

**Initial Assessment of Client’s Essential Skills Needs:** *(check all that apply)*

*(Provide personal counseling and/or assign CR-101 units)*

***Observed Skill Development Needs Method Date Completed***

|  |  |  |  |
| --- | --- | --- | --- |
|  | Self-Presentation Skills (dress, grooming, communications, etc.) |  |  |
|  | Workplace Communications |  |  |
|  | Understanding of Employer Expectations |  |  |
|  | Problem Solving |  |  |
|  | Teamwork |  |  |
|  | How to Conduct a Job Search |  |  |
|  | How to Complete a Job Application |  |  |
|  | Job Interviewing Skills |  |  |
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**Follow-up Services – Youth Program Customer Assurance:**

The WIOA Youth Program Representative is required to remain in contact with the WIOA Program Customer for a period of 12 months after the WIOA Program Customer leaves the program. These follow-up contacts are for the purpose of providing additional assistance and/or services that will help the Youth Program Customer achieve or advance his/her career goals. Program Customers agree to remain in contact with the Youth Program Representative to resolve problems, request additional services and/or report achievements during this 12 month follow-up period. The Youth Program Customer agrees to respond to phone calls, voice mails, emails and other contacts initiated by the Youth Program Representative. The Youth Program Customer will provide up-to-date contact information including phone numbers, postal address and email address to the Youth Program Representative when changes occur.

**Customer Agreement:**

**This Individualized Service Strategy (ISS) has been developed with my full knowledge and participation. I fully understand that this is a working document and that I am committing to do my best to accomplish the goals listed here. I understand that WIOA funded services are not guaranteed and as federal law states I do not have legal entitlement rights to WIOA funded services. I understand that if I fail to abide by the rules of participation and/or fail to make satisfactory progress toward the achievement of the goals set forth in this agreement, that the WIOA Youth Program Representative (or his/her successors or superiors) may immediately suspend or terminate any or all benefits provided to me through this program. The WIOA Youth Program Representative will do their best to help me achieve my goals of developing a career.**

 **WIOA Program Customer Date**

 **WIOA Youth Program Representative Date**

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| ISS MODIFICATION (Page Number \_\_\_\_)**The Individual Service Strategy has been modified as follows:****Item(s) Modified Modification Description** |
| Goal | Actions | Date for Progress Check | Completion Date |
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| **Justification:** |
| Goal | Actions | Date for Progress Check | Completion Date |
|  |  |  |  |
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| **Justification:** |
| Goal | Actions | Date for Progress Check | Completion Date |
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| **Justification:*****I have participated in this modification and have received a copy.*****WIOA Customer Signature: Date:** **WIOA Representative Signature: Date:**  |