

WIOA YOUTH PROGRAM INDIVIDUAL SERVICE STRATEGY

1. PARTICIPANT NAME: _____

2. STAFF NAME: _____

3. EMPLOYMENT GOAL

Identify Employment /Education Goals:

4. OBJECTIVE ASSESSMENT SUMMARY/ CHALLENGES/ SUPPORTIVE SERVICE NEEDS

WIOA requires an objective assessment for the purpose of identifying appropriate services and career pathways for participants and should include a review of the below

Basic Skills level:

Prior work experience and/or occupational skills and/or employability:

Interests and Aptitudes (include for non-traditional employment):

Possible Challenges – all that are checked must be addressed under Supportive Service Needs or section 7 or in a comprehensive case note:

- | | | |
|--|---|--|
| <input type="checkbox"/> Parent/Pregnant | <input type="checkbox"/> Record of Arrest | <input type="checkbox"/> Limited Work Experience |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Transportation | <input type="checkbox"/> Lack of Occupational Skills |
| <input type="checkbox"/> Foster Youth | <input type="checkbox"/> Dropout | <input type="checkbox"/> Health Issues |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Limited English | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Family Support | <input type="checkbox"/> Lack of Job-Seeking Skills | |
| | <input type="checkbox"/> Homeless | |

Supportive Service Needs (list all needs):

5. PLANNED *CURRENT* INDICATOR(S) OF PERFORMANCE FOR PARTICIPANT

WIOA requires that a service strategy must be linked to one or more of the indicators of performance. NOTE: For PY 2015 – 2016 Common Measures will be used.

WIA Measures (PY 2015-2016)

- Placement in Employment or Education
- Literacy/Numeracy Gain
- Attainment of Degree/Certificate

WIOA Measures

- Placement in Employment/Training/Education
- Credential Rate
- Measurable Skill Gains

6. CAREER PATHWAY(S) SERVICES AND OUTCOMES

The ISS should include a combination of rigorous and high-quality education, training and other services. Taking into account the results from the above objective assessment and the intended performance indicator please list ALL the services that will be offered to reach the career pathway goal(s) of the participant. All services do not have to be funded under WIOA, if a partner agency is offering the service please list partner name. Also list the outcomes of each service.

Planned Services (i.e. work experience, tutoring, occupational skills, work readiness, providing supportive service, partner agency referral)	List the Outcome
█	
█	
█	

7. FINANCIAL AID INFORMATION

For Participant enrolled in an Occupational Training. Please complete:

Has Participant been advised of other financial aid programs/grants?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has Participant been advised if pursuing classroom training a student loan could be needed and result in personal indebtedness.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has Participant applied/received confirmation for non-WIOA financial aid? (if yes list types, amounts, purpose)	<input type="checkbox"/> Yes <input type="checkbox"/> No	