



Individual Service Strategy (ISS)

Name _____ SSN _____

Service Provider _____ Service Provider Staff _____

Strengths and Talents: <i>(Youth identifies the following strengths and talents)</i>			
Career Interests: <i>(Youth is interested in pursuing the following)</i>			
Training/Education Interests: <i>(Youth is interested in pursuing the following)</i>			
TABE Scores:			
<i>Initial Math</i>	_____	<i>Initial Reading</i>	_____
<i>Update #1 Math</i>	_____	<i>Update #1 Reading</i>	_____
<i>Update #2 Math</i>	_____	<i>Update #2 Reading</i>	_____
<i>Update #3 Math</i>	_____	<i>Update #3 Reading</i>	_____
Comprehensive Needs Assessment: <i>(Youth lacks—or has inadequate supply of—the following)</i>	<input type="checkbox"/> Income <input type="checkbox"/> Food <input type="checkbox"/> Housing <input type="checkbox"/> Clothing <input type="checkbox"/> Family Network/Support	<input type="checkbox"/> Childcare <input type="checkbox"/> Medical <input type="checkbox"/> Legal <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Emotional/Mental Health	<input type="checkbox"/> Education <input type="checkbox"/> Occupational/Vocational Skills <input type="checkbox"/> Life Skills <input type="checkbox"/> Self Concept/Esteem <input type="checkbox"/> Recreational/Cultural
General Needs Assessment: <i>(Narrative)</i>			
Goals: <i>(Narrative)</i>			
Services To Be Provided: <i>(Check all that apply)</i>			
Career: <input type="checkbox"/> Occupational Training <input type="checkbox"/> Work Readiness <input type="checkbox"/> Career Exploration <input type="checkbox"/> Employment <input type="checkbox"/> Internship/Job Shadow <input type="checkbox"/> Community Service	Education: <input type="checkbox"/> Basic Skills Tutoring <input type="checkbox"/> Proficiency Test Tutoring <input type="checkbox"/> Study Skills <input type="checkbox"/> SAT Preparation <input type="checkbox"/> High School Diploma <input type="checkbox"/> Educational Enhancement	Supportive Services/ Other: <input type="checkbox"/> Community Services <input type="checkbox"/> Transportation <input type="checkbox"/> Childcare <input type="checkbox"/> Housing <input type="checkbox"/> Medical <input type="checkbox"/> Uniforms, Work-Related Tools <input type="checkbox"/> Short-term Housing (shelter) <input type="checkbox"/> Long-term Housing <input type="checkbox"/> Public Assistance <input type="checkbox"/> Legal Assistance	<input type="checkbox"/> Childcare <input type="checkbox"/> Parenting Classes <input type="checkbox"/> Life Skills <input type="checkbox"/> Family Reunification <input type="checkbox"/> Medical Exam (physical/prenatal) <input type="checkbox"/> Wellness & Well-Being <input type="checkbox"/> Individual Counseling <input type="checkbox"/> Mental Health Intervention <input type="checkbox"/> Substance Abuse Intervention <input type="checkbox"/> Cultural Enrichment

Statement of Agreement

With the assistance of my Service Provider, I have set the goals and developed the plan of action that is contained in this ISS for my participation in the WIA-funded program. I understand and agree to my ISS. I also agree to put forth my best effort to achieve the goals and action steps listed now or added later. I understand that the ISS is not a guarantee of financial support for any service listed and that I have the ultimate responsibility for achieving the goals I have set.

Youth Signature: _____ Date: _____

Staff Signature: _____ Date: _____



ISS Action Items

To-Do List

Goal #1		
Potential Barrier(s) to Achieving Goal		
Action Steps to Accomplishing Goal	By Whom?	By When?
1.		
2.		
3.		
4.		
Supportive Services Necessary		
Record of Accomplishment <i>Date:</i> _____ <i>Youth's Initials:</i> _____ <i>Staff's Initials:</i> _____		

Goal #2		
Potential Barrier(s) to Achieving Goal		
Action Steps to Accomplishing Goal	By Whom?	By When?
1.		
2.		
3.		
4.		
Supportive Services Necessary		
Record of Accomplishment <i>Date:</i> _____ <i>Youth's Initials:</i> _____ <i>Staff's Initials:</i> _____		

Goal #3		
Potential Barrier(s) to Achieving Goal		
Action Steps to Accomplishing Goal	By Whom?	By When?
1.		
2.		
3.		
4.		
Supportive Services Necessary		
Record of Accomplishment <i>Date:</i> _____ <i>Youth's Initials:</i> _____ <i>Staff's Initials:</i> _____		

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