

Name (Last, First, MI):

Date:

Address:

**EDUCATION HISTORY** 

## Individual Service Strategy (ISS) - Youth

Zip:

290 N. D Street, Suite 600 San Bernardino, CA 92415 (909) 387-9859

SSN: (Last 4)

Phone:

## **Background Information**

City, State:

Educational Institution:			Highest Grade Completed:				
EMPLOYMENT HISTORY							
Employer:	Job Title:	Reason for Leaving:					
Job Duties:							
Employer:	Job Title:	Reason for Leaving:					
Job Duties:							
Assessment Information							
ACADEMIC LEVELS							
Name of Assessment:	S	tudent, H.S. or Less					
Basic Skills Grade Level:		tudent, attending Post I	H.S.				
Reading Score: (Pre)	Reading Score: (Pre) (Post) Out of School						
Math Score (Pre)	(Post) C	Out of School, H.S. Graduate					
Challenges to Employment :							
Career Goal:							
Career Guidance Needs:							



Individual Service Strategy	Plan (	(ISS)	- Youth
-----------------------------	--------	-------	---------

## Assessment Information Cont

Assessment Results Summary:								
Assessment results summary.								
Youth Program Elements to be Provided During Quarter								
PROGRAM ELEMENT	QTR 1	QTR 2	QTR 3	QTR 4				
Tutoring, Study Skills for HS Completion and/or Dropout Prevention (Priority Element)								
Alternative Secondary School Services								
Paid/Unpaid Work Experiences – Summer & Year Round, Pre-Apprenticeships, Internships & Job Shadowing, On-the-Job training opportunities								
Occupational Skills Training								
Education offered in context as workforce preparation activities & training for a specific occupation								
Leadership Development Opportunities								
Supportive Services								
Adult Mentoring								
Follow-up Services								
Comprehensive Guidance and Counseling Services								
Financial Literacy Education								
Entrepreneurial Skills Training								
Labor Market & Employment Information								
Transitional Activities to Post-Secondary Education & Training								
I understand and agree to the service strategy desc	cribed in this you	uth service plan	ı.					
Participant Signature (	Case Manager Signati	ure	Date					
ISS QUARTERLY REVIEW (Please have the WIOA	Participant initial t	hat the ISS has b	peen reviewed with	them).				
First Qtr Second Qtr:								
(Initials) (Date Reviewed)	(Initials) (Date	Reviewed)						
Third Qtr: (Initials) (Date Reviewed) Fourth Qtr:	(Initials) (Date	Reviewed)						