

YOUTH PROGRAM INDIVIDUAL SERVICE STRATEGY (ISS)

Section 1 – General Information

Participant Name: _____ Birth Date: ____ / ____ / ____ Age: ____
Street Address: _____
City/County: _____ Telephone: _____
Email Address: _____ Facebook: _____ Twitter: _____
Eligibility Certification Date: _____ Program Enrollment Date: _____
ISY: ____ OSY: ____

Section 2 – Educational Background

Highest Grade Completed: ____ Year: ____ School: _____
List Any Diploma, GED or Other Occupational or Academic Credentials Held: _____

If ISY, Identify the High School, Projected Graduation Date and Current GPA: _____

Section 3 – Assessment

Basic Reading and Math Skills (OSY): _____

Prior Work History: _____

Career and Occupational Interests: _____

Future Educational Interests: _____

School Progress (ISY): _____

Barrier(s) to Success: _____

Supportive Service(s) Needed: _____

Comment(s): _____

Section 4 – Assessed Service Needs

Tutoring/Study Skills Training, Including Dropout Prevention Strategies_ Yes_ No
Alternative Secondary School Services/Dropout Recovery Services_ Yes _No Paid and
Unpaid Work Experiences_ Yes _ No
Occupational Skills Training_ Yes_ No
Education Combined with Training for a Specific Occupation_ Yes_ No
Leadership Development Opportunities_ Yes _ No Supportive Services _Yes _No
Adult Mentoring for at Least 12 Months_ Yes _ No Comprehensive Guidance and
Counseling __ Yes _ No
Financial Literacy Education _ Yes _No Entrepreneurial Skills Training_ Yes _No
Services Providing Labor Market and Employment Information_ Yes_ No Post-
Secondary Education and Training Preparation_ Yes_ No
Follow-Up Services_ Yes _No

Comment(s): _____

Section 5 – Program Goal: _____

Section 6 – Plan of Services

<u>Service</u>	<u>Provider</u>	<u>Start Date</u>	<u>End Date</u>
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Section 7 – Staff Certification

Based on my assessment of the participant, the above service plan is appropriate to meet the Participant’s Program Goal: Yes No

_____	_____
Signature of Staff Person	Date

Section 8 – Participant Attestation

I have reviewed the above ISS and agree with the contents: Yes No

_____	_____
Signature of Participant	Date

_____	_____
Parent/Guardian (Under 18)	Date