



ONEWORKSOURCE **BUSINESS & EMPLOYMENT CENTER**

A proud partner of the [americanjobcenter](#) network

Individual Service Strategy (ISS) Policy – Youth

Approved June 7, 2019

Purpose:

This policy establishes the requirements for Workforce Innovation and Opportunity Act (WIOA) Title I service contactors to develop and utilize an Individual Service Strategy (ISS) form for eligible youth participants.

Required:

WIOA requires that eligible youth have an ISS which identifies the participant's goals, skills, and abilities. Services are tailored to address the unique strengths, challenges and needs of each participant. Assessments are the foundation of proficient planning and overall effectiveness in case management. The WIOA Youth Program must be structured around the coordination and delivery of services representative to the needs of the youth. This is accomplished by utilizing the menu of the 14 WIOA program elements required to be offered and available to every participant.

Policy:

Upon enrollment into the WIOA Youth Program an ISS must be developed with each youth and a hard copy must be placed in the youth's file. The ISS must be updated to reflect progress toward educational/career goals or when the participant's circumstances change. The 14 program elements as per WIOA for Youth Services include:

1. Tutoring, study skills, training or instruction services
2. Alternative Secondary School Services HSE
3. Paid and / or unpaid work experience, internship or job shadowing services
4. Occupational skills training
5. Leadership development services / referrals
6. Supportive services
7. Mentorship services
8. Comprehensive Guidance and Counseling referrals
9. Follow-up services
10. Financial literacy education
11. Entrepreneurial skills training
12. Labor market information
13. Transition to post-secondary education

14. Workforce preparation / occupational skills

Procedure:

The ISS is developed by utilizing the information gained during the intake process. The youth's needs and barriers are considered and used as a guide for appropriate service delivery. Reliable and valid assessment instruments are used to assist in the decision-making process. Once a baseline is identified then measurable objectives are established.

For each participant, the ISS will identify and document the following; using the form in Appendix A:

- 1) Appropriate achievement objectives;
- 2) Educational/employment goal(s);
- 3) Current academic status, skill levels and prior work experience;
- 4) Establish participant's needs for supportive services;
- 5) Refer to appropriate services /programs;

Local labor market information can be taken into consideration in the development of the ISS.

Information regarding an individual's medical condition or disability should not be detailed in OSOS; however, it must be maintained in the participant's file.

APPENDIX A



ONEWORKSOURCE
BUSINESS & EMPLOYMENT CENTER
A proud partner of the americanjobcenter network

Individual Service Strategy (ISS) Form

Name of Youth _____ OSOS ID# _____

Case Manager _____

Service Plan Dates _____ Intake Date _____

Strengths (Ask youth about their interests, what they enjoy doing, or have abilities in. Also discuss results of assessments – e.g., interest assessment)

Comprehensive Needs Assessment (Youth lacks or has inadequate supply of the following)

- | | | |
|---|---|--|
| <input type="checkbox"/> Housing | <input type="checkbox"/> Clothing | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Treatment | <input type="checkbox"/> Medical | <input type="checkbox"/> Income |
| <input type="checkbox"/> Emotional/Mental Health Treatment | | |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Education | <input type="checkbox"/> Vocation |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Family Support | <input type="checkbox"/> Self-Concept/Esteem |
| <input type="checkbox"/> Life Skills | <input type="checkbox"/> Food | <input type="checkbox"/> Parenting Skills |
| <input type="checkbox"/> Recreation/Cultural/Leisure Activities | | |
| <input type="checkbox"/> Other _____ | | |

“Checklist for Success” (Needed Services)

- | | |
|---|---|
| <input type="checkbox"/> Short-term Housing (shelter) | <input type="checkbox"/> Medical Exam (Physical/Prenatal) |
| <input type="checkbox"/> Identification Documents | <input type="checkbox"/> Long-term Housing (TLP/Apt) |
| <input type="checkbox"/> Public Assistance | <input type="checkbox"/> SAT Prep |
| <input type="checkbox"/> Child Care Placement | <input type="checkbox"/> Individual Counseling |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Life Skills |
| <input type="checkbox"/> Educational Enhancement | <input type="checkbox"/> Family Reunification |
| <input type="checkbox"/> Parenting Classes | <input type="checkbox"/> Mental Health Intervention |
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Wellness and Well-being |
| <input type="checkbox"/> Substance Abuse Intervention | <input type="checkbox"/> Occupational Training |
| <input type="checkbox"/> Cultural Enrichment | <input type="checkbox"/> Community Service |
| <input type="checkbox"/> Career Exploration | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Legal Assistance | |
| <input type="checkbox"/> Other _____ | |

Current Educational Status (grade completed): _____

Last School Attended: _____

Documented Learning Disability: Yes _____ No _____

Limited English Skill: Yes _____ No: _____

EMPLOYMENT HISTORY					
Employer	Address	Job Title	Start Date	End Date	Reason

REQUIRED PROGRAM ELEMENTS	
Tutoring, Study Skills, Training, or Instruction Services	Description
	Date to begin / / <input type="checkbox"/> Not needed <input type="checkbox"/> Will provide at a later date
Alternative Secondary School Services / HSE	Description
	Date to begin / / <input type="checkbox"/> Not needed <input type="checkbox"/> Will provide at a later date
Paid and / or Unpaid Work Experience, Internship, or Job Shadowing Services	Description
	Date to begin / / <input type="checkbox"/> Not needed <input type="checkbox"/> Will provide at a later date
Occupational Skills Training	Description
	Date to begin / / <input type="checkbox"/> Not needed <input type="checkbox"/> Will provide at a later date
Leadership Development Services / Referrals	<input type="checkbox"/> Leadership development
	<input type="checkbox"/> Regular contact with participant's employer
	<input type="checkbox"/> Work related peer support group
	<input type="checkbox"/> Assistance in securing better paying jobs, career development, addressing work related problems and further education
Supportive Services	<input type="checkbox"/> Linkages to community services
	<input type="checkbox"/> Child, elder, or other dependent care
	<input type="checkbox"/> Referrals to medical services
	<input type="checkbox"/> Uniforms or other appropriate attire
	<input type="checkbox"/> Other
Mentorship Services	Description
	Date to begin / / <input type="checkbox"/> Not needed <input type="checkbox"/> Will provide at a later date
Comprehensive Guidance and Counseling Referral(s)	Description
	Date to begin / / <input type="checkbox"/> Not needed <input type="checkbox"/> Will provide at a later date
Follow-up Services	Description
	Estimated date to begin (after exit) / /
Financial Literacy Education	Description
	Date to begin / / <input type="checkbox"/> Not needed <input type="checkbox"/> Will provide at a later date
Entrepreneurial Skills Training	Description
	Date to begin / / <input type="checkbox"/> Not needed <input type="checkbox"/> Will provide at a later date
Labor Market Information	Description
	Date to begin / / <input type="checkbox"/> Not needed <input type="checkbox"/> Will provide at a later date

Transition to Post-Secondary Education	Description		
	Date to begin	/ /	<input type="checkbox"/> Not needed <input type="checkbox"/> Will provide at a later date
Workforce Preparation/Occupational Skills	Description		
	Date to begin	/ /	<input type="checkbox"/> Not needed <input type="checkbox"/> Will provide at a later date

“To Do List” (Goals/Action Steps)

Goal #1 (describe how goal is tied to career pathway)

For each goal, describe the action steps, persons/organizations involved to help youth reach goal, projected and actual dates to reach goal, and which, if any, performance indicator the goal is tied to (e.g. placement in employment)

1.

2.

3.

___ Incentive Date Received _____ Youth Signature _____

Goal #2 (describe how goal is tied to career pathway)

For each goal, describe the action steps, persons/organizations involved to help youth reach goal, projected and actual dates to reach goal, and which, if any, performance indicator the goal is tied to (e.g. placement in employment)

1.

2.

3.

___ Incentive Date Received _____ Youth Signature _____

Goal #3 (describe how goal is tied to career pathway)

For each goal, describe the action steps, persons/organizations involved to help youth reach goal, projected and actual dates to reach goal, and which, if any, performance indicator the goal is tied to (e.g. placement in employment)

1.

2.

3.

___ Incentive Date Received _____ Youth Signature _____

Goal #4 (describe how goal is tied to career pathway)

For each goal, describe the action steps, persons/organizations involved to help youth reach goal, projected and actual dates to reach goal, and which, if any, performance indicator the goal is tied to (e.g. placement in employment)

1.

2.

3.

___ Incentive Date Received _____ Youth Signature _____

Goal #5 (describe how goal is tied to career pathway)

For each goal, describe the action steps, persons/organizations involved to help youth reach goal, projected and actual dates to reach goal, and which, if any, performance indicator the goal is tied to (e.g. placement in employment)

1.

2.

3.

___ Incentive Date Received _____ Youth Signature _____

Signature of Youth Date Signature of Staff Date

ISS Review Dates ___(insert date) ___ (insert date) ___(insert date) ___ (insert date)

Initials: _____ _____ _____ _____
 Youth/Staff Youth/Staff Youth/Staff Youth/Staff

Referrals:

Date: _____ Agency: _____

Service Provided: _____

Date: _____ Agency: _____

Service Provided: _____

Date: _____ Agency: _____

Service Provided: _____