

**Office of Economic and Workforce Development
Workforce Development Division**

**INDIVIDUAL SERVICE STRATEGY (ISS)
PLEASE TYPE OR PRINT**



SECTION I – PERSONAL DATA			
Participant Name: _____ SSN: _____			
Agency Where File Was Initiated: _____		Client Phone #: _____	
SECTION II – ASSESSMENT INFORMATION			
Assessment Area	Assessment Tool	Score/Grade	Date Assessed
_____	_____	_____	_____
Identification of potential barrier(s) that may prevent the participant from successfully completing activities/training: _____			
SECTION III – SUPPORTIVE SERVICE(S) NEED(S)			
Supportive service(s) needed to complete educational, employment and training services:			
<input type="checkbox"/> Clothing <input type="checkbox"/> Transportation <input type="checkbox"/> Tools <input type="checkbox"/> Other, specify: _____			
<input type="checkbox"/> Dental <input type="checkbox"/> Medical <input type="checkbox"/> Transitional Housing			
SECTION IV – CREDENTIAL ATTAINMENT / MEASURABLE SKILLS GAIN (EDUCATIONAL GOAL)			
Credential Attainment Goal: <input type="checkbox"/> Post-Secondary/Industry Recognized <input type="checkbox"/> Secondary			
Expected Completion Date: _____ <i>(Credential Attainment Goal must be attained within one year after exit)</i>			
Measurable Skills Gains: <input type="checkbox"/> EFL Increase <input type="checkbox"/> Transcripts/Report Cards <input type="checkbox"/> Diploma			
<input type="checkbox"/> OJT/Milestones <input type="checkbox"/> Benchmark Progress/Knowledge Based Exams			
Expected Completion Date: _____ <i>(Measurable Skill Gain Goal must be attained within one year from date of enrollment and prior to exit)</i>			
<u>Plan(s) to achieve goal:</u> _____			
SECTION V – EMPLOYMENT GOAL			
Short Term Employment Goal: _____ Expected Entry Level Wage: _____ Est. Date of Completion: _____			
Long Term Employment Goal: _____ Expected Career Pathway Wage: _____ Est. Date of Completion: _____			
<u>Plan(s) to achieve Employment Goal:</u> _____			

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SECTION VI – SERVICES TO BE PROVIDED

Upon providing an objective assessment of the academic levels, skill levels and service needs, the following (Program Elements) services shall be provided:

WIOA ELEMENT	ASSESSED NEED	HOW SERVICES WILL BE PROVIDED	SERVICES PROVIDER	SERVICE DATE BEGIN	EST. SERVICE DATE END	COMMENTS
Tutoring, study skills training, instruction, and dropout prevention						
Alternative secondary school services or dropout recovery services						
Paid and unpaid work experiences						
Occupational Skills training						
Education offered concurrently with workforce preparation and training for a specific occupation						
Leadership development opportunities						
Supportive Services						
Adult Mentoring						
Follow-up Services						
Comprehensive guidance and counseling including drug and alcohol abuse counseling						
Financial literacy education						
Entrepreneurial skills training						
Services that provide labor market information						
Postsecondary preparation and transition activities						

Participant
Signature: _____

Date: _____

Case Manager
Signature: _____

Date: _____