

YOUTH INDIVIDUAL SERVICE STRATEGY (I.S.S)

Participant Name:

Agency Name:

Case Manager:

Program Year:

Barriers (at eligibility):

- | | | |
|---|---|--|
| <input type="checkbox"/> School Drop-out | <input type="checkbox"/> Basic Skills Deficient | <input type="checkbox"/> English Language Learner |
| <input type="checkbox"/> Foster care | <input type="checkbox"/> Disability | <input type="checkbox"/> Juvenile/Adult justice system |
| <input type="checkbox"/> Pregnant/parenting | <input type="checkbox"/> Homeless | <input type="checkbox"/> Additional Assistance Needed |
| <input type="checkbox"/> Other: | | |

EDUCATION ENROLLMENT

Goal:

Date Established:

- ☐ Enrolled In Education ☐ Successful Completion ☐ Unsuccessful Completion

Name of School/Program:

Date of Enrollment:

Date of Completion:

BASIC SKILLS DEFICIENT

Pre-Test Scores

Reading:

Math:

EFL:

EFL:

Tutoring Start Date:

Tutoring End Date:

Post Test Scores

Reading:

Math:

EFL:

EFL:

of tutoring hrs completed:

- ☐ Successful Completion ☐ Unsuccessful Completion

DISABILITY

Goal:

Date Established:

- ☐ Successful Completion ☐ Unsuccessful Completion

ENGLISH LANGUAGE LEARNER

Goal:

Date Established:

☐ Enrolled In ELL/ESL ☐ Successful Completion ☐ Unsuccessful Completion

Name of Program:

Date of Enrollment:

Date of Completion:

FOSTER CARE

Goal:

Date Established:

☐ Successful Completion ☐ Unsuccessful Completion

JUVENILE/ADULT JUSTICE SYSTEM

Goal:

Date Established:

☐ Successful Completion ☐ Unsuccessful Completion

PREGNANT/PARENTING

Goal:

Date Established:

☐ Successful Completion ☐ Unsuccessful Completion

HOMELESS

Goal:

Date Established:

☐ Successful Completion ☐ Unsuccessful Completion

ADDITIONAL ASSISTANCE

Barrier:

Goal:

Date Established:

☐ Successful Completion ☐ Unsuccessful Completion

Additional Services Provided:

LABOR MARKET INFORMATION

Goal:

Date Established:

Career Exploration Tool Used:

Results:

☐ Successful Completion ☐ Unsuccessful Completion

Career Pathway Choice: ☐ Undecided

Career Goal:

WORK READINESS

Goal:

Date Established: ☐ Successful Completion ☐ Unsuccessful Completion

WORK EXPERIENCE (WEX)

Goal:

Date Established:

Start Date: End Date: Hours Completed:

☐ Successful Completion ☐ Unsuccessful Completion

Direct Hire/Employed: ☐ Yes ☐ No If yes, start date:

LEADERSHIP DEVELOPMENT

Goal:

Date Established: ☐ Successful Completion ☐ Unsuccessful Completion

FINANCIAL LITERACY

Goal:

Date Established: ☐ Successful Completion ☐ Unsuccessful Completion

SUPPORTIVE SERVICES

Goal:

Date Established: ☐ Successful Completion ☐ Unsuccessful Completion

POST SECONDARY PREPARATION & TRANSITION

Goal:

Date Established: ☐ Successful Completion ☐ Unsuccessful Completion

ENTREPRENEURIAL SKILLS

Goal:

Date Established: ☐ Successful Completion ☐ Unsuccessful Completion

ADULT MENTORING

Goal:

Date Established: ☐ Successful Completion ☐ Unsuccessful Completion

OCCUPATIONAL SKILLS

Goal:

Date Established: ☐ Successful Completion ☐ Unsuccessful Completion

FOLLOW UP SERVICES

Description of Services:

Goal:

Date Established:

Estimated Completion Date:

Participant Signature:

Date:

Case Manager Signature:

Date:

Bi-Monthly Reviews

Bi-Monthly Review date:	CM Initials:
Bi-Monthly Review date:	CM Initials:
Bi-Monthly Review date:	CM Initials:
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(Case note in CalJOBS)

EXIT

Barriers (at exit):

- | | | |
|---|---|--|
| <input type="checkbox"/> School Drop-out | <input type="checkbox"/> Basic Skills Deficient | <input type="checkbox"/> English Language Learner |
| <input type="checkbox"/> Foster care | <input type="checkbox"/> Disability | <input type="checkbox"/> Juvenile/Adult justice system |
| <input type="checkbox"/> Pregnant/parenting | <input type="checkbox"/> Homeless | <input type="checkbox"/> Additional Assistance Needed |
| <input type="checkbox"/> Other: | | |

-If any barriers are marked at exit, please provide reasoning and your plan for follow up services:

(Upload Post I.S.S to CalJOBS at time of Exit)

Exit Date:

☐ Exit Form Submitted ☐ Exit Case Note Completed