

YOUTH INDIVIDUAL SERVICE STRATEGY (I.S.S)

Participant Name: _____ Case Manager: _____
 Agency Name: _____ Program Year: _____

Barriers (at eligibility):

School Drop-out	Basic Skills Deficient	English Language Learner
Foster Care	Disability	Juvenile/Adult Justice System
Pregnant/Parenting	Homeless	Additional Assistance Needed

PRE

POST

Date Established: _____	EDUCATION ENROLLMENT
Goal: _____	<p style="text-align: center;">Goal Accomplished</p> Name of School/Program: _____ Start date: _____ End Date: _____ <p style="text-align: center;">Not Completed/I.S.S Update (reason below):</p>

Date Established: _____	BASIC SKILLS DEFICIENT/ENGLISH LANGUAGE LEARNER
<p style="text-align: center;"><u>Pre-Test Scores</u></p> Reading EFL/Grade: _____ Math EFL/Grade: _____ Goal: _____	<p style="text-align: center;">Goal Accomplished</p> Name of School/Program: _____ Start Date: _____ End Date: _____ Reading EFL/Grade: _____ Math EFL/Grade: _____ <p style="text-align: center;">Not Completed/I.S.S Update (reason below):</p>

Date Established: _____	DISABILITY
Goal: _____	<p style="text-align: center;">Goal Accomplished:</p> <p style="text-align: center;">Not Completed/I.S.S Update (reason below):</p>

Date Established:		FOSTER CARE	
Goal:		Goal Accomplished	Not Completed/I.S.S Update (reason below):
Date Established:		JUVENILE/ADULT JUSTICE SYSTEM	
Goal:		Goal Accomplished	Not Completed/I.S.S Update (reason below):
Date Established:		PREGNANT/PARENTING	
Goal:		Goal Accomplished	Not Completed/I.S.S Update (reason below):
Date Established:		HOMELESS	
Goal:		Goal Accomplished	Not Completed/I.S.S Update (reason below):
Date Established:		ADDITIONAL ASSISTANCE	
Barrier:		Goal Accomplished	Not Completed/I.S.S Update (reason below):
Goal:			

Additional Services Provided:

Date Established: _____		LABOR MARKET INFORMATION	
Goal:		Goal Accomplished Career Exploration Tool Used: _____ Not Completed/I.S.S Update (reason below):	
Career Pathway Interest: _____	Undecided: _____		

Date Established: _____		WORK READINESS	
Goal:		Goal Accomplished Not Completed/I.S.S Update (reason below):	

Date Established: _____		WORK EXPERIENCE (WEX)	
Goal:		Goal Accomplished	Hrs Completed: _____
		Start Date: _____	End Date: _____
		Not Completed/I.S.S Update (reason below):	
		Direct Hire/Employed: _____	

Date Established: _____		LEADERSHIP DEVELOPMENT	
Goal:		Goal Accomplished Not Completed/I.S.S Update (reason below):	

Date Established: _____		FINANCIAL LITERACY	
Goal:		Goal Accomplished Not Completed/I.S.S Update (reason below):	

Date Established: **SUPPORTIVE SERVICES**

Goal:	Goal Accomplished Not Completed/I.S.S Update (reason below):
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Date Established: **POST SECONDARY PREPARATION & TRANSITION**

Goal:	Goal Accomplished Not Completed/I.S.S Update (reason below):
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Date Established: **ENTREPRENEURIAL SKILLS**

Goal:	Goal Accomplished Not Completed/I.S.S Update (reason below):
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Date Established: **ADULT MENTORING**

Goal:	Goal Accomplished Not Completed/I.S.S Update (reason below):
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Date Established: **OCCUPATIONAL SKILLS**

Goal:	Goal Accomplished Not Completed/I.S.S Update (reason below):
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Date Established: **FOLLOW UP SERVICES**

Youth will be provided with 4 quarterly follow ups after exit (except if exclusionary exit)

Participant Signature: _____ **Date:** _____
Case Manager Signature: _____ **Date:** _____