

**Individualized Service Strategy (ISS) for Youth
Workforce Innovation and Opportunity Act (WIOA)**

Youth's Name: _____ Date _____

Phone: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Age: _____ Date of Birth: _____ MOSES ID # _____

Case Manager: _____

Educational Background:

In-School Youth

Out-of-School Youth

High School Graduated Yes No
 Obtained GED Dropped Out

School name and location _____

Highest grade completed _____ Date Completed _____

Degree/Certification received _____

Post High School YES, currently attending YES, not currently attending No

Name of Institution _____ Date Completed _____

Degree/Certification received _____

Work Experience:

Have you had any work experience? (include internships and job shadowing) Yes No

Employer _____

Job Title _____ Dates of employment _____

Hours per Week _____ Hourly Wage _____

Internship Title _____ Dates of internship _____

Hours per Week _____ Stipend _____

Basic Education Skills:

Test Name _____

Reading (grade level) _____ Scale Score _____ EFL Level _____

Math (grade level) _____ Scale Score _____ EFL Level _____

Career Interests and Skills:

Name of Career Interest Inventory _____ Date Completed _____

Include a copy of the assessment results in the youth's file and also add the results in MOSES. Go to the Testing tab and choose "category" then select Career Information Systems. Go the "service detail" and select the Interest Profiler. List the top three occupations in the occupation section.

Top Three Interest Areas	Choose the Top Choice from Each Interest Area
1.	
2.	
3.	

Occupational Skills Assessment:

Name of Occupational Skills Assessment Tool _____ Date Completed _____

Include a copy of the assessment results in the youth's file and also add the results in MOSES. Go to the Testing tab and choose "category" then select Career Information Systems. Go the "service detail" and select Skills. List the top five very satisfying skills.

Top Five Very Satisfying Skills	
1.	4.
2.	5.
3.	

Assets and Strengths:

Name of Assets and Strengths Assessment Tool _____ Date Completed _____

Top Five Assets and Strengths	
1.	4.
2.	5.
3.	

Labor Market Information:

Name of Labor Market Inventory Tool _____ Date Completed _____

Include a copy of the Labor Market Information in the youth's file also add the results in MOSES. Go the Case Plan tab and click on the Assessment tab. Enter the Labor Market Information results in the Labor Market for Skills section.**Labor Market Information Results:** _____

Massachusetts Work-Based Learning Competencies

		Needs Development	Competent	Proficient	Advanced
Attendance and Punctuality	1st Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 nd Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workplace Appearance	1st Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 nd Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepting Direction and Constructive Criticism	1st Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 nd Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation and Taking Initiative	1st Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 nd Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding Workplace Culture, Policy, and Safety	1st Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 nd Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	1st Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 nd Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening	1st Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 nd Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacting with Co-Workers	1st Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 nd Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date of 1st Review _____ Date of 2nd Review _____

SUPPORT SERVICES

Needs	Recommended Services	Referral
1. Transportation		
2. Pregnant/parent		
3. Probation/Court Involvement		
4. Disability		
5. Health		
6. Housing		
7. Alcohol/Substance Abuse		
8. Child Care		
9. Other		

SPECIAL CONSIDERATIONS

PERSONAL INTERESTS

BASIC, OCCUPATIONAL, AND WORK READINESS GOALS:

Type of Goal	Goal Summary	Date Established	Date Attained
1.			
2.			
3.			

ISS PLAN OF ACTION TOWARDS BASIC SKILLS GOALS

ISS PLAN OF ACTION TOWARDS OCCUPATIONAL GOALS

ISS PLAN OF ACTION TOWARDS WORK READINESS GOALS

FOURTEEN ELEMENTS OF YOUTH SERVICES

Youth are required to have access to all fourteen elements provided in-house or through partnerships and referrals. Enrollment into the fourteen elements must be documented in MOSES.

Service Element	Comments	Provider	Start Date	End Date
1. Tutoring				
2. Alternative Education				
3. Paid and unpaid work experience				
4. Occupational Skills Training				
5. Education with workforce preparation				
6. Leadership Development Opportunities				
7. Supportive Services				
8. Adult Mentoring				
9. Follow-Up Services				
10. Comprehensive Guidance and Counseling				
11. Financial literacy				
12. Entrepreneurial skills training				
13. Labor market information				
14. Post-secondary preparation				

Youth Signature

Date

Case Manager Signature

Date

