

**INDIVIDUALIZED SERVICE STRATEGY (ISS) for YOUTH
ALTERNATIVE EDUCATION INITIATIVE (AEI)**

Youth's Name: _____ Date _____

Phone: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Age: _____ Date of Birth: _____

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.

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.

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

Labor Market Information:

Name of Labor Market Inventory Tool _____ Date Completed _____

Labor Market Information Results: _____

Massachusetts Work-Based Learning Competencies

		Needs Development	Competent	Proficient	Advanced
1. Communication and Literacy	1st Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2nd Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Organizing and Analyzing Information	1st Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2nd Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Problem Solving	1st Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2nd Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Using Technology	1st Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2nd Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Completing Entire Activities	1st Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2nd Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Acting Professionally	1st Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2nd Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Interacting with Others	1st Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2nd Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Understanding all Aspects of the Industry	1st Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2nd Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Taking Responsibility for Career/Life Choices	1st Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2nd 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

Service Element	Comments	Provider/Organization	Start Date	End Date
1. Tutoring				
2. Alternative Education				
3. Paid and Unpaid Work Experiences				
4. Occupational Skills Training				
5. Education offered concurrently with workforce preparation				
6. Leadership Development				
7. Support Services				
8. Adult Mentoring				
9. Follow-Up Services				
10. Comprehensive Guidance and Counseling				
11. Financial Literacy Education				
12. Entrepreneurial Skills Training				
13. Labor Market Information				
14. Post-secondary preparation				

Youth Signature Date

Case Manager Signature Date

