



**Individual Service Strategy**  
**Workforce Innovation and Opportunity Act (WIOA)**  
 FORM WIOA I-B – 3.2

**For Youth Programs**

Note: This is a living document that may be modified or updated at any time

Name:	Participant No.:	Date:
<b>Assessment</b>		
Summarize prior work experience:	Summarize educational experiences and situation:	
List strengths:	List interests:	
List potential pathways or occupations: 1.  2.  3.  4.  5.	Does youth have any experiences in these pathways? 1.  2.  3.  4.  5.	

<p>Is youth currently enrolled in postsecondary education?    <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If yes, give details:</p>	<p>Is youth currently enrolled in any type of workplace training?    <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If yes, give details:</p>
<p>Long term goal(s) related to Youth performance measure(s):</p> <p>1. Education:</p> <p>2. Employment:</p>	<p>Short-term goals related to youth performance measure(s):</p> <p>1. Education:</p> <p>2. Employment:</p>
<p>What are barriers to meeting these goals?</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p>	<p>How will these barriers be overcome?</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p>
<p style="text-align: center;"><b>Program Elements Needed to Meet Goals</b></p> <p>Describe what, if any, services or activities are need within each Program Element to enable youth to meet goals. Explain why these program elements (or stated services or activities within the elements) are needed and how the services or activities will be provided. Include any entity or program to whom the Youth should be referred or with which the Youth should be co-enrolled:</p>	
<p>1. Tutoring, study skills training, instruction, and dropout prevention services:</p>	

2. Alternative secondary school services or dropout recovery services:

3. Paid and unpaid work experiences:

4. Occupational skill training:

5. Education offered concurrently with workforce preparation and training for a specific occupation:

6. Leadership development opportunities:

7. Supportive services:

8. Adult mentoring:

9. Follow-up services: (this information should not be entered until Youth is nearing exit):

10. Comprehensive guidance and counseling:

11. Financial literacy education:

12. Entrepreneurial skills training:	
13. Services that provide labor market and employment information:	
14. Postsecondary preparation and transition activities:	
What are the Youth's responsibilities in meeting the goals?	What are the program provider's responsibilities in meeting the goals?

Signatures:

This ISS was jointly prepared by (participant) \_\_\_\_\_ and

(case manager) \_\_\_\_\_ on (date) \_\_\_\_\_.

It may be modified and/or updated at any time.

## Modified/Updated **Individual Service Strategy**

Name:	Participant No.:	Date:
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The following modifications/updates are made to Individual Employment Plan:

Signatures:

This ISS was jointly prepared by (participant) \_\_\_\_\_ and  
(case manager) \_\_\_\_\_ on (date) \_\_\_\_\_.