INDIVIDUAL SERVICE STRATEGY
(YOUTH)

Trainee's Name:	SSN last 4 digits:	Date:
Review of Trainee's Progress:		Update (circle)

I. ASSESSMENT

A. EDUCATION & TRAINING HISTORY (Please check the highest level of education)

❑ High School Dropout	❑ Currently Attending Secondary School	❑ GED
❑ High School Graduate	❑ Currently Attending Alternative School	❑ Other

Indicate any relevant training received:

B. APTITUDE/ABILITIES ❑ TABE ❑ Other

Pre OR Post Test (circle one)	Post-test – out-of-school / if deficient	Interest:
Test Date:	Test Due by: (Next Anniversary Date)	Work Experience:
Reading: grade level – Form /Level	Reading: grade level for EFL– Form to give /Level to give	Skills:
Math: grade level – Form /Level	Math: grade level – Form to give /Level to give	Hobbies:
Language: grade level – Form /Level	Language: grade level – Form to give /Level to give	Medical History: (Medical conditions considered for job placement)

C. SUPPORTIVE SERVICES

Do you have a means of transportation to participate in the program? ❑ Yes ❑ No

Do you have any children? ❑ Yes ❑ No If yes, do you have reliable child care? ❑ Yes ❑ No

II. GOALS

Employment/Career Goal:

Educational Goal:

Literacy Gain needed if deficient (out-of- school only): Increase EFL (circle areas) Reading Math Language

Performance Indicators (link services to at least one): 1.Credential 2. Post-Secondary or Employment

3. Literacy/Numeracy Gain

III. EMPLOYMENT & TRAINING NEEDS (towards Career Pathway)

❑ Leadership Development	❑ Transition to Post-Secondary Services	❑ Workforce Prep/ Occupational Cluster	❑ Guidance and Counseling	❑ Entrepreneurial Skills Training
❑ Alternative School	❑ Occupation Skills	❑ Adult Mentoring	❑ Financial Literacy	❑ Follow-up Services
❑ Labor Market Information/Career Awareness	❑ Work Experience Internship/ Summer Employment	❑ Tutoring/Study Skills/dropout prevention	Counselor notes:	

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IV. SERVICE MIX

STEPS TO ACHIEVING EMPLOYMENT/EDUCATION GOALS

STEP 1: ❑ Mentoring ❑ Tutoring/Study Skills ❑ Leadership Development ❑ Support Services	❑ Alternative School ❑ Financial Literacy ❑ Labor Market Information ❑ Workforce Preparation	❑ Work Experience/Internship/Summer Employment ❑ Occupational Skills Training ❑ Entrepreneurial Skills Training ❑ Post-Secondary Transition

Justify this service IF deficiency is not indicated:

Service Location/Address: Telephone: ( ) -

Employment/Contact Name: Begin Date: / /

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time In:							
Time Out:							

STEP 2: ❑ Mentoring ❑ Tutoring/Study Skills ❑ Leadership Development ❑ Support Services	❑ Alternative School ❑ Financial Literacy ❑ Labor Market Information ❑ Workforce Preparation	❑ Work Experience/Internship/Summer Employment ❑ Occupational Skills Training ❑ Entrepreneurial Skills Training ❑ Post-Secondary Transition

Justify this service IF deficiency is not indicated:

Service Location/Address: Telephone: ( ) -

Employment/Contact Name: Begin Date: / /

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time In:							
Time Out:							

STEP 3: SUPPORT SERVICES ❑ Transportation ❑ Child Care ❑ Other Begin Date / /

COMMENTS:

The information I have provided for the completion of this form is true and correct to the best of my knowledge. I understand and agree with the service strategy(ies) necessary to achieve my training goal(s). I agree to follow through with this plan to the best of my ability and to cooperate with my Workforce Development Specialist to achieve the goal(s) as listed herein. I agree that updates and changes to this plan may be made by the Specialist without my signature.

Trainee's Signature:	**DATE:**
Workforce Development Specialist Signature:	**DATE:**