



LOS ANGELES COUNTY

WIA YOUTH

DIRECTIVE

Number: LACOD-WIAD08-16

Subject: Individual Services Strategy (ISS) Form
With Policies and Procedures

Date: 04/14/08

Effective Date: Immediately

Page 1 of 1

TO: WIA YOUTH CONTRACTORS

This Directive replaces WIA Bulletin YTH01-06 Revised, dated 08-15-01.

The purpose of this directive is to re-issue the attached updated Individual Service Strategy form with policies and procedures.

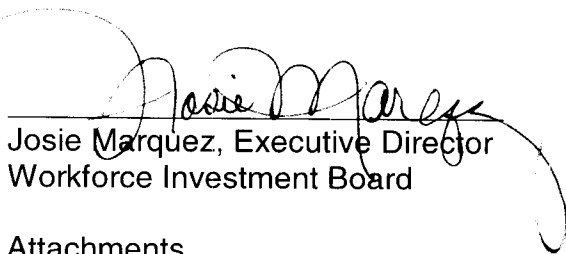
Attached are the following documents:

- Attachment A: Individual Service Strategy Policies and Procedures
- Attachment B: Standardized Individual Service Strategy Form
- Attachment C: ISS Form Instructions (Line-by-Line)
- Attachment D: Completed Sample ISS Form
- Attachment E: Description of Ten Core Elements

If you are using a similar form, you must first get express approval by the County of L.A.

All new participants enrolled into WIA program must have the attached ISS form placed into their participant records. The ISS form must be completed by the relevant case manager in conjunction with the participant.

If you have any questions, please contact Maggie Mireles at (213) 738-2198 or Robert Brieff at (213) 351-8924 or rbrieff@css.lacounty.gov.


Josie Marquez, Executive Director
Workforce Investment Board

Attachments

COUNTY OF LOS ANGELES WORKFORCE INVESTMENT BOARD INDIVIDUAL SERVICE STRATEGY POLICIES AND PROCEDURES

DEFINITION

Pursuant to the Workforce Investment Act, the Individual Service Strategy (ISS) shall identify employment goal(s) (including nontraditional employment), appropriate achievement objectives, and appropriate services for the participant. All WIA Youth service contractors must provide an objective assessment of the academic levels, skills levels, and service needs of each participant. Assessment shall include a review of basic skills, interests, and aptitudes (including interests and aptitudes for nontraditional jobs, supportive service needs, and developmental needs of such participant).

At a minimum, the ISS must identify an age-appropriate career goal(s) and take into consideration assessment results for each youth. The ISS must also include tangible benchmarks to evaluate progress regularly.

The ISS is a detailed road map, based upon the objective assessment process, with tangible progress markers, to help each WIA Youth participant reach their goal. The ISS is developed with each participant, individually, making it unlikely that a road map for any two WIA Youth participants will be the same.

LEGAL REFERENCES

Requirements for the ISS are given in the WIA section 129(c)(1)(B), and in DOL Regulations (20 CFR 664.405).

MANDATORY USE OF THE ISS

The ISS form must be used by **ALL COUNTY WIA YOUTH SERVICE CONTRACTORS** for all new participants enrolling into the County WIA Youth Program on or after January 1, 2001.

ISS COMPONENTS

The ISS portfolio consists of four(4) parts, that when used together, provide a snapshot of the participant's status on an ongoing basis, the goals that will assist the participant gain skills and experiences needed to successfully transition to his or her career goals, and documentation of service interventions across multiple program activities.

- **Part 1: Participant Background** portion of the ISS is to be completed by the Assessor or Case Manager.
- **Part 2: Interests and Skills Inventory** portion, is to be completed by the assessor after the objective assessment is administered to the participant.
- **Part 3: Service Assessment** portion is to be completed by the case manager and is designed to assist him or her in mapping and charting out the Participant's track characteristics, the planned services and outcomes planned.

- **Part 4: Goals and Service Plan** portion, is to be developed by the case manager in conjunction with the participant, utilizing Parts I and II of the ISS, to map out the most appropriate strategy and sequence of services to meet the participant's needs and interests documented as a result of the objective assessment.

The WIA regulations require a number of specific components to be included in the ISS, consisting of the following:

- age-appropriate career goal;
- appropriate achievement objectives to reach the career goal;
- an appropriate combination and sequence of services (the ten core elements) based upon the objective assessment;
- the delivery agent for each service, the time, frequency, and duration of each service;
- regular review and evaluation of a participant's progress;
- acknowledgment of participant involvement in ISS development.

REQUIREMENTS OF THE ISS

1. The ISS is the repository for **all** test scores, significant findings, and results relevant to the participant. The ISS is a living document which should be updated on a regular basis by the case manager and reviewed periodically with the WIA Youth participant to update goals and objectives and the strategies to achieve these, as well as, deal with emergent needs.
2. The ISS is essentially a combination of three kinds of data:
 - 1) data about the participant;
 - 2) data about the local labor market; and
 - 3) data on available training programs and other community resources that can assist the participant to meet his/her career goal.
3. Each participant's "service strategy" should be focused to bring all of these elements together in a way that best meets the participant's needs, interests and goals.
4. The ISS must be individualized for each participant. Each ISS will be completed differently.
5. A participant's ISS should fully reflect the agency's involvement and interaction with and on behalf of the participant.
6. The ISS should be developed jointly by the case manager and the participant. The participant should be actively involved and should understand the opportunities and limitations regarding what a service provider can do for him or her.
7. Coordination and sequencing of services so that appropriate array of services from the ten core elements is/are provided are the responsibilities of the service provider/case manager.

8. For On-the-Job training (OJT) interventions, the ISS should include noted on how the participant's length of training was determined and a justification (if applicable) for OJT if longer than six months in duration.
9. Completion of the Certification and Release Authorization is mandatory. The participant has the option of authorizing or withholding authorization of the release of information in the ISS.
10. The Physical space provided to any given item on the ISS form (**Attachment B**) is not intended to be an indication of the importance that a case manager should give it. Case managers should try to be as comprehensive as possible in developing and attaching ISS **Evaluation Notes** and other information deemed necessary as part of a participant's ISS.

Attachment B

Standardized Individual Service Strategy Form

Pages 1-6

YOUTH INDIVIDUAL SERVICE STRATEGY (ISS)
LOS ANGELES COUNTY WORKFORCE INVESTMENT BOARD
 Los Angeles County Workforce Investment Area
 Department of Community and Senior Services

PART I – PARTICIPANT BACKGROUND

SECTION 1: PERSONAL DATA (All items must be answered)

1. Name: _____ Date: _____
 (Please Print) Last First M.I.
2. Street Address: _____ 3. City: _____ 4. State: _____ 5. Zip: _____
6. Home Phone: (____) _____ 7. Message Phone/Contact: (____) _____
8. Birthdate: _____ 9. Age: _____ 10. Gender: Male Female
11. Supervisorial District: _____

Checklist of identification Documents: Birth Certificate Social Security Card Non-Driver's ID/Driver's License

SECTION 2: EMPLOYMENT & EDUCATION HISTORY

EMPLOYMENT HISTORY

12. Complete Work History As Applicable:

From	To	Job Title	Hourly Wage	Duties/Skills (Be as specific as possible)

EDUCATION HISTORY

YOUNGER YOUTH (14-18)

13. Currently in School: Yes No

a) If YES, Grade Level: _____

b) If NO, Highest Grade Completed: _____

c) Number of Credits _____

14. Secondary School Name:

OLDER YOUTH (19-21)

15. Diploma/GED Obtained Yes No

16. Currently in School: Yes No

17. If Yes, Post-Secondary School/Trade School:

18. Area of concentration:

19. Degrees, Licenses, Certifications Earned (list each one by type and name of school):

PART II – INTERESTS AND SKILLS INVENTORY

INTEREST/APTITUDES

(Responses should be based upon results from standardized interests / aptitudes tests in combination with client interviews)

- | 20. Client likes to work with: | A lot | Somewhat | A Little | Not at All |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| • People | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Data/Numbers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Things/Tools | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other Interests: _____

21. Client is Good At (Skills):

CLIENT GOALS

22. Educational Goals:

23. Career Goals:

24. Other Goals

CAREER INFORMATION

25. Client has participated in these career awareness activities:

- Research on careers
- Experienced a personal interview
- Investigated/attended ROP classes for job preparation
- Prepared resume/personal essay
- Other: _____

PART III – SERVICE ASSESSMENT

BARRIERS TO EMPLOYMENT

26. *Check as applicable:*

<input type="checkbox"/> Basic Skills Deficient	<input type="checkbox"/> At Risk of Dropping Out
<input type="checkbox"/> Limited or No English	<input type="checkbox"/> High School Dropout
<input type="checkbox"/> One Year Below Age/Grade	<input type="checkbox"/> Youth with disabilities, including learning disabilities
<input type="checkbox"/> Homeless/ Runaway, or Foster Youth	<input type="checkbox"/> Family Receives Public Assistance
<input type="checkbox"/> Pregnant/Parenting Youth	<input type="checkbox"/> Other: _____ (i.e. Barriers from 6 th Eligibility Definition)
<input type="checkbox"/> Offender/Ward of the courts	

COMPREHENSIVE NEEDS ASSESSMENT: Youth lacks or has inadequate supply of the following:

27. *Check as applicable*

- | | | | | |
|--|--|---|--|---------------------------------------|
| <input type="checkbox"/> Housing | <input type="checkbox"/> Clothing | <input type="checkbox"/> Food | <input type="checkbox"/> Medical | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> Life Skills | <input type="checkbox"/> Education | <input type="checkbox"/> Vocational | <input type="checkbox"/> Legal | <input type="checkbox"/> Family |
| <input type="checkbox"/> Emotional/Mental Health | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Parenting Skills | <input type="checkbox"/> Self Concept/
Esteem | <input type="checkbox"/> Other: _____ |

CHECKLIST FOR SUCCESS: Needed Services

28. *Check as applicable*

- | | | |
|---|---|---|
| <input type="checkbox"/> Short-term housing (shelter) | <input type="checkbox"/> Medical Exam (Physical/Prenatal) | <input type="checkbox"/> Identification Documents |
| <input type="checkbox"/> Long-term Housing (Apt) | <input type="checkbox"/> Public Assistance | <input type="checkbox"/> SAT Prep |
| <input type="checkbox"/> Childcare Placement | <input type="checkbox"/> Individual Counseling | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Life Skills | <input type="checkbox"/> Family Re-unification | <input type="checkbox"/> Educational Enhancement |
| <input type="checkbox"/> Parenting Classes | <input type="checkbox"/> Mental Health Intervention | <input type="checkbox"/> High School Diploma |
| <input type="checkbox"/> Wellness and Well-being | <input type="checkbox"/> Substance Abuse Intervention | <input type="checkbox"/> Occupational Training |
| <input type="checkbox"/> Cultural Enrichment | <input type="checkbox"/> Community Service | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Career Exploration | <input type="checkbox"/> Legal Assistance | <input type="checkbox"/> Parenting Classes |
| <input type="checkbox"/> Other:
_____ | | |

PART IV – GOALS & SERVICE PLAN

SERVICE INVENTORY

29. Check Appropriate Services: Provide Justification and Provider Reference

Recommended Services	Recommended Providers (Justification/Comments)
<p style="text-align: center;">Tutoring /Contextual Basic Skills</p> <p>Study Skills Training, and Instructions Leading To Completion of Secondary School, including Drop Out Prevention Strategies</p> <p>Service Schedule:</p> <hr/>	<p style="text-align: right;">YES NO</p> <p>Begin Date: _____ -- End Date: _____ Completed: </p> <p>Justification:</p> <p>Provider:</p>
<p style="text-align: center;">Alternative secondary school services GED Preparation</p> <p>Service Schedule:</p> <hr/>	<p style="text-align: right;">YES NO</p> <p>Begin Date: _____ -- End Date: _____ Completed: </p> <p>Justification:</p> <p>Provider:</p>
<p style="text-align: center;">Summer Employment</p> <p>Opportunities that are Directly Linked to Academic and Occupational Learning</p> <p>Service Schedule:</p> <hr/> <p>Total Hours Worked: _____</p>	<p style="text-align: right;">YES NO</p> <p>Begin Date: _____ -- End Date: _____ Completed: </p> <p>Justification:</p> <p>Provider:</p>
<p style="text-align: center;">Work Experiences</p> <p>Paid and Unpaid, including Internships and Job Shadowing, with non-profit and for profit</p> <p>Service Schedule:</p> <hr/> <p>Total Hours Worked: _____</p>	<p style="text-align: right;">YES NO</p> <p>Begin Date: _____ -- End Date: _____ Completed: </p> <p>Justification:</p> <p>Provider:</p>
<p style="text-align: center;">Occupational Skills Training</p> <p>As appropriate</p> <p>Service Schedule:</p> <hr/> <p>Total Hours Worked: _____</p>	<p style="text-align: right;">YES NO</p> <p>Begin Date: _____ -- End Date: _____ Completed: </p> <p>Justification:</p> <p>Provider:</p>

<p>Leadership development opportunities May include community service and peer-oriented activities encouraging responsibility and other positive social behaviors during non-school hours, as appropriate</p> <p>Service Schedule:</p> <hr/>	<p style="text-align: right;">YES NO</p> <p>Begin Date: _____ -- End Date: _____ Completed: </p> <p>Justification:</p> <p>Provider:</p>
<p>Supportive Services</p> <ul style="list-style-type: none"> · Child Care · Vision Care · Individual Personal Counseling · Group Counseling · Transportation · Other Needs: <hr/>	<p style="text-align: right;">YES NO</p> <p>Begin Date: _____ -- End Date: _____ Completed: </p> <p>Justification:</p> <p>Provider:</p>
<p>Adult Mentoring For the period of participation and a subsequent period, as appropriate</p> <p>Service Schedule:</p> <hr/>	<p style="text-align: right;">YES NO</p> <p>Begin Date: _____ -- End Date: _____ Completed: </p> <p>Justification:</p> <p>Provider:</p>
<p>Follow up Services <u>For not less than 12 months after termination</u></p>	<p style="text-align: right;">YES NO</p> <p>Begin Date: _____ -- End Date: _____ Completed: </p> <p>Justification:</p> <p>Provider:</p>
<p>Comprehensive Guidance and Counseling Which may include drug and alcohol abuse counseling and referral, as appropriate</p> <p>Service Schedule:</p> <hr/>	<p style="text-align: right;">YES NO</p> <p>Begin Date: _____ -- End Date: _____ Completed: </p> <p>Justification:</p> <p>Provider:</p>
<p>Others: (Career Exploration/Planning; ESL; Other Drop-Out Prevention Strategies; Exposure to Post-Secondary opportunities; Computer Training; Co-enrollment in One Stop if 19+ years old)</p> <p>Service Schedule:</p> <hr/>	<p style="text-align: right;">YES NO</p> <p>Begin Date: _____ -- End Date: _____ Completed: </p> <p>Justification:</p> <p>Provider:</p>

INDIVIDUAL SERVICE STRATEGY (ISS)
Los Angeles County Workforce Investment Board
Los Angeles County Workforce Investment Area
Department of Community and Senior Services

CLIENT CERTIFICATION AND RELEASE AUTHORIZATION

I agree to participate in this objective assessment process for the development of an individual Service Strategy (ISS) for meeting my education, service and training needs.

I agree to work with staff to revise and update my ISS as appropriate to meet any education, service and training need. I agree that the Plan of Action represents only a general plan of services and training intended to result in employment or other appropriate outcome. It does not represent entitlement to such services nor a contract between the program and me.

Check **ONLY ONE BOX** in the following paragraph:

The information contained in the ISS is **CONFIDENTIAL**. I authorize do not authorize the enrolling agency to release information contained in this ISS to agencies listed in the ISS and to prospective employers for the purpose of assisting me with job placement.

Client's Signature

Date

Parent's Signature
(Required if Client is under 18 years of age)

Date

Program Staff Signature

Date

**COUNTY OF LOS ANGELES
WORKFORCE INVESTMENT BOARD
INDIVIDUAL SERVICE STRATEGY FORM INSTRUCTIONS**

LINE-BY-LINE EXPLANATIONS

The ISS is broken up into four parts, Part I Participant Background portion; Part II Interests and Skills Inventory portion; Part III Service Assessment portion; Part IV Goals and Service Plan portion. The items within each part are numbered consecutively. For instructions on any item, refer to the corresponding part and number item below.

Part I – Participant Background

Section 1: Personal Data

Items 1 -11 Self-explanatory (to be completed with participant)

Section 2: Employment & Education History

Employment History

Item 12 Provide data on last five (5) jobs held, including dates of employment, job title, hourly wage, and **description of the duties and skills of the job** (be as specific as possible). Include the employer under description of the duties and skills.

Item 13 Check “yes” or “no” as to whether the participant is currently enrolled as a student.

Education History

Item 13a If item 13 was checked “yes”; indicate the grade level or other identifier that describes the participant’s academic or learning activities.

Item 13b-c If item 13 was checked “no”; indicate (b) the highest grade level that the participant has completed in school (using standard grade levels, such as grade level 12 for graduation from high school) **and** (c) total number of credits completed.

Item 14 Provide the name of the secondary (high) school attended. If none, write “None”.

Item 15 Check “yes” or “no” as to whether the participant has earned their high school diploma or GED.

- Item 16 Check “yes” or “no” as to whether the participant is currently enrolled in post-secondary school/trade School.
- Item 17 Provide the name of the post-secondary or trade school attended by the participant. If none, write “None”.
- Item 18 Include any study area of concentration which the participant has completed.
- Item 19 Provide information on the post-secondary degrees, licenses, and/or certifications earned by the participant, and provide the school associated with the achievement.

Part I I – Interests and Skills Inventory

Interest/Aptitudes

- Item 20 For each category of work environment (People, Data/Numbers, and Things/Tools) indicate the level of participant preference. Indicate also any other category of work environment not listed which the participant expresses a relative like or dislike.
- Item 21 List what the participant is good at, including skills and/or hobbies and interests which the Participant has expresses an interest. The purpose of this item is to develop a skills inventory for the participant, including soft and occupational skills obtained in previous employment, hobbies, volunteer work, and other activities that might be conducive to future employment goals. The skills disclosed in this item should assist the case manager in developing the participant’s service strategy, utilizing skills that may be transferable between occupations.

Client Goals

- Item 22 Provide the participant’s educational goals which participant would like to pursue.
- Item 23 Provide the participants career goals and/or vocational interests.
- Item 24 Provide other goals and aspirations the participant is interested in.

Career Information

- Item 25 Check whether the participant has participated in any of the listed career awareness activities, or in any other career awareness activities not listed.

Part III – Service Assessment

Barriers to Employment

Item 26 Check all known employment barriers. Indicate under “other” any known employment barriers not enumerated. Factors not specifically enumerated may be taken from the 6th Eligibility definition, which is as follows:

Youth who is or has:

1. attending continuation school
2. low self esteem and sense of self
3. involved in gang activities
4. a substance abuser
5. little or not family support or direction/negative role identification
6. alienated by sexual preference
7. physically or mentally challenged
8. an emancipated minor
9. language or cultural barriers
10. emotional problems
11. at risk of dropping out of school
12. at least two grade levels below age

Comprehensive Needs Assessment

Item 27 Check all applicable services that the participant lacks or has inadequate supply of. If other is checked, list the need.

Checklist for Success

Item 28 Check all applicable needed services for the participant. For other, be sure to specify what the need is.

Part IV – Goals & Service Plan

Service Inventory

Item 29 Check the services to be provided to participant, for their entire expected participation in the program. Each checked service must contain the following information:

- Describe what services will be provided and the reason for the services under “**Justification**”. For example, participant will be provided reading and language courses because he/she tested at 6.4 and 7.2 basic skills efficient level for reading and writing.
- Note which agency will be providing the services under “**Provider**”.
- Include the “**Service Schedule**” for each of the services provided indicating the duration and frequency of services. For example, Agency X provides participant A with work experience for a period of 10 weeks (duration) at five hours a day for four days a week (frequency).

- Enter the anticipated start date for when the participant will begin receiving each service and the anticipated end date when the participant will stop receiving the service, regardless of whether the service schedule is or is not completed.
- If multiple services are planned, indicate the order in which services will be provided in the upper left hand corner of the recommended service. For example, participant is in need of basic skills, occupational skills and work experience. Indicate order by placing 1 in the space provided for the first service to be provided and 2 in the space provided for the second service etc.
- Check “**Yes**” or “**No**” to indicate whether the participant has completed the planned service.

Support Services

Check the support services that are appropriate for the participant and for each item checked, provide a brief description of where the participant will be referred or how the service will be otherwise provided and the need minimized or eliminated. For “Other Needs,” be sure to specify what the needs are. Be sure to provide **dates of service** for each supportive service.

Follow-Up Services

Note that follow-up service is already pre- checked because it is mandatory that at least 12 months of follow-up is required **after** a participant exits from the program.

Refer to the attached “Description of Ten core elements” for further definitions and/or examples of each of the ten core services.

Documentation Justification

Note that justification for each service provided must also be supported by documentation, as derived from objective assessments of the participant’s skills, any documentation taken during the interviewing or assessment process of the participant’s needs and interests, or other documented writings.

Attachment D

Completed Sample ISS Form
Pages 1-6

YOUTH INDIVIDUAL SERVICE STRATEGY (ISS)
LOS ANGELES COUNTY WORKFORCE INVESTMENT BOARD
 Los Angeles County Workforce Investment Area
 Department of Community and Senior Services

PART I – PARTICIPANT BACKGROUND

SECTION 1: PERSONAL DATA (All items must be answered)

1. Name: Done, Jane M. Date: 02/20/08
 (Please Print) Last First M.I.

2. Street Address: 1212 South 2nd Street 3. City: San Gabriel 4. State: CA 5. Zip: 95121

6. Home Phone: (626) 555-1212 7. Message Phone/Contact: (626) 444-2525

8. Birthdate: 02/15/91 9. Age: 17 10. Gender: Male Female

11. Supervisorial District: First

Checklist of identification Documents: Birth Certificate Social Security Card Non-Driver's ID/Driver's License

SECTION 2: EMPLOYMENT & EDUCATION HISTORY

EMPLOYMENT HISTORY

12. Complete Work History As Applicable:

From	To	Job Title	Hourly Wage	Duties/Skills (Be as specific as possible)
12/2007	02/2008	Receptionist	\$7.75	Answer phone, filing, Xeroxing, faxing

EDUCATION HISTORY

YOUNGER YOUTH (14-18)	OLDER YOUTH (19-21)
13. Currently in School: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No a) If YES, Grade Level: <u>8</u> b) If NO, Highest Grade Completed: _____ c) Number of Credits _____	15. Diploma/GED Obtained <input type="checkbox"/> Yes <input type="checkbox"/> No 16. Currently in School: <input type="checkbox"/> Yes <input type="checkbox"/> No 17. If Yes, Post-Secondary School/Trade School: _____
14. Secondary School Name: <u>San Gabriel High</u>	18. Area of concentration: _____
	19. Degrees, Licenses, Certifications Earned (list each one by type and name of school): _____ _____

PART II – INTERESTS AND SKILLS INVENTORY

INTEREST/APTITUDES

(Responses should be based upon results from standardized interests / aptitudes tests in combination with client interviews)

20. Client likes to work with:
- | | A lot | Somewhat | A Little | Not at All |
|----------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| • People | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Data/Numbers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Things/Tools | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Other Interests: Dancing Baseball Music

21. Client is Good At (Skills):

Communication Cooking Type 40 wpm

CLIENT GOALS

22. Educational Goals:

High School Diploma
Skills to get a job

23. Career Goals:

Medical Assistant Office Manager

24. Other Goals
- _____

CAREER INFORMATION

25. Client has participated in these career awareness activities:

- Research on careers
- Experienced a personal interview
- Investigated/attended ROP classes for job preparation
- Prepared resume/personal essay
- Other: _____

PART III – SERVICE ASSESSMENT

BARRIERS TO EMPLOYMENT

26. *Check as applicable:*

<input checked="" type="checkbox"/> Basic Skills Deficient	<input type="checkbox"/> At Risk of Dropping Out
<input type="checkbox"/> Limited or No English	<input type="checkbox"/> High School Dropout
<input type="checkbox"/> One Year Below Age/Grade	<input type="checkbox"/> Youth with disabilities, including learning disabilities
<input type="checkbox"/> Homeless/ Runaway, or Foster Youth	<input type="checkbox"/> Family Receives Public Assistance
<input type="checkbox"/> Pregnant/Parenting Youth	<input type="checkbox"/> Other: _____ (i.e. Barriers from 6 th Eligibility Definition)
<input type="checkbox"/> Offender/Ward of the courts	

COMPREHENSIVE NEEDS ASSESSMENT: Youth lacks or has inadequate supply of the following:

27. *Check as applicable*

- | | | | | |
|--|--|---|--|---------------------------------------|
| <input type="checkbox"/> Housing | <input type="checkbox"/> Clothing | <input type="checkbox"/> Food | <input type="checkbox"/> Medical | <input type="checkbox"/> Childcare |
| <input checked="" type="checkbox"/> Life Skills | <input type="checkbox"/> Education | <input type="checkbox"/> Vocational | <input type="checkbox"/> Legal | <input type="checkbox"/> Family |
| <input type="checkbox"/> Emotional/Mental Health | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Parenting Skills | <input type="checkbox"/> Self Concept/
Esteem | <input type="checkbox"/> Other: _____ |

CHECKLIST FOR SUCCESS: Needed Services

28. *Check as applicable*

- | | | |
|--|---|---|
| <input type="checkbox"/> Short-term housing (shelter) | <input type="checkbox"/> Medical Exam (Physical/Prenatal) | <input type="checkbox"/> Identification Documents |
| <input type="checkbox"/> Long-term Housing (Apt) | <input type="checkbox"/> Public Assistance | <input type="checkbox"/> SAT Prep |
| <input type="checkbox"/> Childcare Placement | <input type="checkbox"/> Individual Counseling | <input type="checkbox"/> Tutoring |
| <input checked="" type="checkbox"/> Life Skills | <input type="checkbox"/> Family Re-unification | <input checked="" type="checkbox"/> Educational Enhancement |
| <input type="checkbox"/> Parenting Classes | <input type="checkbox"/> Mental Health Intervention | <input type="checkbox"/> High School Diploma |
| <input type="checkbox"/> Wellness and Well-being | <input type="checkbox"/> Substance Abuse Intervention | <input type="checkbox"/> Occupational Training |
| <input type="checkbox"/> Cultural Enrichment | <input type="checkbox"/> Community Service | <input type="checkbox"/> Employment |
| <input checked="" type="checkbox"/> Career Exploration | <input type="checkbox"/> Legal Assistance | <input type="checkbox"/> Parenting Classes |
| <input type="checkbox"/> Other: _____ | | |

PART IV – GOALS & SERVICE PLAN

SERVICE INVENTORY

29. Check Appropriate Services: Provide Justification and Provider Reference

Recommended Services	Recommended Providers (Justification/Comments)
<p style="text-align: right;">1</p> <input checked="" type="checkbox"/> Tutoring /Contextual Basic Skills Study Skills Training, and Instructions Leading To Completion of Secondary School, including Drop Out Prevention Strategies Service Schedule: Mon. and Wed. @ 1:00p.m.	<p style="text-align: right;">YES NO</p> <p>Begin Date: <u>02/25/2008</u> -- End Date: <u>06/20/2008</u> Completed: </p> <p>Justification: Client: Client was assessed at 8.2 reading and 7.5 math; remediation is required to bring her grade level up to at least 8.9. This service will give her extra help in building her reading and math skills.</p> <p>Provider: ABC Tutoring Lab</p>
<p style="text-align: right;">1</p> <input checked="" type="checkbox"/> Alternative secondary school services GED Preparation Service Schedule: Mon. – Fri. (9:00 a.m.- 12noon)	<p style="text-align: right;">YES NO</p> <p>Begin Date: <u>02/25/2008</u>-- End Date: <u>06/20/2008</u> Completed: </p> <p>Justification: Client dropped out of school at the age of 15 due to pregnancy and did not complete her sophomore year. Client will Be connected to ABC Alternative High School to complete her general education units and earn her High School Diploma/GED</p> <p>Provider: ABC Alternative High School</p>
<p style="text-align: center;">Summer Employment</p> <p>Opportunities that are Directly Linked to Academic and Occupational Learning Service Schedule: Total Hours Worked:</p>	<p style="text-align: right;">YES NO</p> <p>Begin Date: ____ -- End Date: ____ Completed: </p> <p>Justification:</p> <p>Provider:</p>
<p style="text-align: right;">4</p> <input checked="" type="checkbox"/> Work Experiences Paid and Unpaid, including Internships and Job Shadowing, with non-profit and for profit Service Schedule: Mon- Fri., 2:00p.m – 6:00p.m Total Hours Worked: <u>200 hours</u>	<p style="text-align: right;">YES NO</p> <p>Begin Date: <u>02/25/2008</u>-- End Date: <u>12/30/08</u> Completed: </p> <p>Justification: Client had held one job through the SY Program for less than 90 days. Following occupational skills training she will be placed in a paid internship for 200 hours to gain practical experience as a medical receptionist. This service will allow the client to apply skills learned in the work place and gain experience which will help her to secure an unsubsidized position</p> <p>Provider: Children Medical Group</p>
<input checked="" type="checkbox"/> Occupational Skills training As Appropriate Service Schedule: Mon. – Fri., 2:00p.m – 6:00p.m Total Hours Worked: _____	<p style="text-align: right;">YES NO</p> <p>Begin Date: <u>02/25/2008</u>-- End Date: <u>12/30/08</u>Completed: </p> <p>Justification: Based on the presumptive need checklist client is assessed to need occupational skills training. She is a teen mother who does not have any job specific skills. Based on her interests & Aptitudes Test Results she is a good with people and working in an administrative capacity. She has expressed an interest in the medical field and nursing. She will attend a trade school to gain the skills necessary to find employment as medical receptionist.</p> <p>Provider: United Health Careers</p>

<p>Leadership development opportunities May include community service and peer-oriented activities encouraging responsibility and other positive social behaviors during non-school hours, as appropriate</p> <p>Service Schedule:</p>	<p style="text-align: right;">YES NO</p> <p>Begin Date: ____ -- End Date: ____ Completed: </p> <p>Justification:</p> <p>Provider:</p>
<p>Supportive Services</p> <p>Child Care Vision Care Individual Personal Counseling Group Counseling Transportation Other Needs:</p>	<p style="text-align: right;">YES NO</p> <p>Begin Date: ____ -- End Date: ____ Completed: </p> <p>Justification:</p> <p>Provider:</p>
<p>Adult Mentoring For the period of participation and a subsequent period, as appropriate</p> <p>Service Schedule:</p>	<p style="text-align: right;">YES NO</p> <p>Begin Date: ____ -- End Date: ____ Completed: </p> <p>Justification:</p> <p>Provider:</p>
<p>Follow up Services <u>For not less than 12 months after termination</u></p>	<p style="text-align: right;">YES NO</p> <p>Begin Date: ____ -- End Date: ____ Completed: </p> <p>Justification:</p> <p>Provider:</p>
<p>Comprehensive Guidance and Counseling Which may include drug and alcohol abuse counseling and referral, as appropriate</p> <p>Service Schedule:</p>	<p style="text-align: right;">YES NO</p> <p>Begin Date: ____ -- End Date: ____ Completed: </p> <p>Justification:</p> <p>Provider:</p>
<p>Others: (Career Exploration/Planning; ESL; Other Drop-Out Prevention Strategies; Exposure to Post-Secondary opportunities; Computer Training; Co-enrollment in One Stop if 19+ years old)</p> <p>Service Schedule: _____</p>	<p style="text-align: right;">YES NO</p> <p>Begin Date: ____ -- End Date: ____ Completed: </p> <p>Justification:</p> <p>Provider:</p>

INDIVIDUAL SERVICE STRATEGY (ISS)
Los Angeles County Workforce Investment Board
Los Angeles County Workforce Investment Area
Department of Community and Senior Services

CLIENT CERTIFICATION AND RELEASE AUTHORIZATION

I agree to participate in this objective assessment process for the development of an individual Service Strategy (ISS) for meeting my education, service and training needs.

I agree to work with staff to revise and update my ISS as appropriate to meet any education, service and training need. I agree that the Plan of Action represents only a general plan of services and training intended to result in employment or other appropriate outcome. It does not represent entitlement to such services nor a contract between the program and me.

Check ONLY ONE BOX in the following paragraph:

The information contained in the ISS is CONFIDENTIAL. I authorize do not authorize the enrolling agency to release information contained in this ISS to agencies listed in the ISS and to prospective employers for the purpose of assisting me with job placement.

Client's Signature

Date

Parent's Signature
(Required if Client is under 18 years of age)

Date

Program Staff Signature

Date

DESCRIPTION OF TEN CORE ELEMENTS

<p>Core Services</p>	<p>Each collaboration must provide access to the following ten core elements:</p> <ul style="list-style-type: none"> a) Adult Mentoring b) Alternative secondary education c) Guidance and counseling d) Leadership development opportunities e) Occupational skills training f) Paid/unpaid work experience g) Summer employment opportunities h) Supportive services i) Tutoring j) 12-month follow-up
<p>Adult Mentoring</p>	<p>A relationship over a prolonged period of time between two or more people where older, wiser, more experienced individuals assist youth through the human development process by providing constant, as needed support, guidance, and concrete help to a minor whose at-risk environment increases their chance of exposure to teen pregnancy, academic failure, gang and violence, use of alcohol and drugs and other at-risk behaviors.</p>
<p>Alternative Secondary Education</p>	<p>Schooling that is outside of the traditional education provided in the school districts for youth who are dropouts, teen parents, or highly at risk. E.g. Community education centers, continuation schools.</p>
<p>Guidance and Counseling</p>	<p>A service activity provided to develop positive attitudes towards learning and social behavior, self-esteem building, decision-making leading towards future careers and responsible citizenship.</p>
<p>Leadership Development Opportunities</p>	<p>These are activities which foster positive social behavior and soft skills, decision making, team work, and other activities including:</p> <ul style="list-style-type: none"> a) exposure to post-secondary educational opportunities b) community and service learning projects. c) peer-centered activities, including peer mentoring and tutoring d) organizational and team work training, including team leadership training. e) training in decision-making, including, determining priorities f) citizenship training, including skills training such as parenting, work behavior training, and budgeting of resources g) employability h) positive social behaviors (e.g. positive attitudinal development self esteem building, cultural diversity training and work simulation activities.

DESCRIPTION OF TEN CORE ELEMENTS

Occupational Skills Training	Training that includes apprenticeship programs, and training opportunities in local growth industries.
Paid/unpaid Work Experience	Work experiences are planned, structured learning experiences that take place in a workplace for a limited period of time. Work experience workplaces may be in the private, for-profit sector; the non-profit sector; or the public sector.
Summer Employment Opportunities	Work experience that is linked to academic and occupational learning.
Support Services	A wide range of assistance which helps a client remain in training, get a job, such as: transportation, childcare, books, tools, etc.
Tutoring	Instructions on various areas of interest by either one individual or in a group setting to assist youth in improving necessary skills.
12 Months Follow Up	Participants who have been exited from the program will be provided 12 months of follow up services, during which they may have access to any of the other nine core elements. Follow-up services may include any of the following activities; leadership development, support services, maintaining regular contact with the youth and participant's employer including assistance with work and school related problems that arise, assistance in securing a better paying job, career development, encouraging youth to continue education, adult mentoring, providing work related peer support groups and tracking the progress of youth in employment after training.