

# YOUTH OPPORTUNITY PROGRAM

## INDIVIDUAL SERVICE STRATEGY PLAN ( ISS )

<input type="checkbox"/> Initial
<input type="checkbox"/> Update
<input type="checkbox"/> Correction

**Youth Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SSN:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Village:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Tel./Message #:** \_\_\_\_\_

### EDUCATIONAL INFORMATION

<b>High School Diploma or GED:</b> ____ Yes ____ No <b>If Yes, Name of School:</b> _____ <b>If No, Highest Grade Completed</b> _____  <b>Post High School? :</b> ____ Yes ____ No <b>If Yes, Name of School</b> _____  <b>College Degree? :</b> ____ Yes ____ No <b>Type:</b> _____  <b>Are you currently Enrolled/attending School? :</b> ____ Yes ____ No <b>If Yes, Name of School:</b> _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; padding: 2px;">TYPE OF VERIFICATION</th> </tr> <tr> <td style="padding: 2px;">____ High School Diploma</td> </tr> <tr> <td style="padding: 2px;">____ GED Certificate</td> </tr> <tr> <td style="padding: 2px;">____ Official School Transcript</td> </tr> </table>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">____ No Existing Student Loan</td> </tr> <tr> <td style="padding: 2px;">____ Existing Student Loan</td> </tr> <tr> <td style="padding: 2px;">____ Repayment Status</td> </tr> <tr> <td style="padding: 2px;">____ Delinquent Status</td> </tr> <tr> <td style="padding: 2px;">____ Default Status</td> </tr> </table>	TYPE OF VERIFICATION	____ High School Diploma	____ GED Certificate	____ Official School Transcript	____ No Existing Student Loan	____ Existing Student Loan	____ Repayment Status	____ Delinquent Status	____ Default Status
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### LIST ALL PREVIOUS TRAINING (Including Vocational/Trade Schools/Military Training/Yo!)

Type of Training	Dates	School	Youth Opportunity

### EMPLOYMENT HISTORY ( List most recent employer first )

<b>LAST EMPLOYER</b> _____	<b>Address</b> _____	<b>Pay Rate</b> _____
<b>Start Date</b> _____	<b>End Date</b> _____	<b>Job Title</b> _____
<b>Hours/Week</b> _____	<b>Reason for Leaving</b> _____	
<b>PREVIOUS EMPLOYER</b> _____	<b>Address</b> _____	<b>Pay Rate</b> _____
<b>Start Date</b> _____	<b>End Date</b> _____	<b>Job Title</b> _____
<b>Hours/Week</b> _____	<b>Reason for Leaving</b> _____	

### SUPPORT SERVICE NEEDS

- Child Care
- Transportation
- Housing
- Medical Care ( specify ) \_\_\_\_\_
- Other \_\_\_\_\_

Youth Name: \_\_\_\_\_ Date: \_\_\_\_\_ SSN \_\_\_\_\_

**BARRIERS AFFECTING EMPLOYABILITY**

<input type="checkbox"/> Basic Skills Deficiency	<input type="checkbox"/> Disabilities	<input type="checkbox"/> Community Assistance
<input type="checkbox"/> Pregnant / Parenting Youth	<input type="checkbox"/> Language	<input type="checkbox"/> Guidance / Counseling
<input type="checkbox"/> School Dropout	<input type="checkbox"/> Special Accommodations	<input type="checkbox"/> Other _____
<input type="checkbox"/> Displaced Homemaker	<input type="checkbox"/> Food / Meals	_____
<input type="checkbox"/> Homeless / Runaway	<input type="checkbox"/> Mentoring	_____
<input type="checkbox"/> One or More Grade Levels Behind	<input type="checkbox"/> Legal	_____
<input type="checkbox"/> Offender	<input type="checkbox"/> Drug / Alcohol Related	

**GOALS**

**Career Goal:**  
\_\_\_\_\_

**Related Career(s) Options and/or Career Range:**  
\_\_\_\_\_  
\_\_\_\_\_

**Education Goal:**  
\_\_\_\_\_

**Other, Life Goals:**  
\_\_\_\_\_

**INDIVIDUAL ASSESSMENT:**

	Strengths	Needs/Barriers
<b>Work Skills/Employability:</b>		
<b>Functional Skills:</b>		
<b>Behavioral/Communication Skills</b>		

Youth Name: \_\_\_\_\_ Date: \_\_\_\_\_ SSN \_\_\_\_\_

**OTHER ASSETS/BARRIERS TO EMPLOYMENT AND GOAL ATTAINMENT:**

<b>Job Related:</b> _____ _____ _____
<b>Health:</b> _____
<b>Independent Living Preferences:</b> _____ _____
<b>Family/Social Environment:</b> _____ _____ _____ _____

**OPPORTUNITY PLAN: SUPPORTIVE SERVICE**

Steps	Responsibility	Projected Date

**Opportunity Plan: Job and Education**

Steps	Responsibility	Projected Date



## STUDENT SUPPORT PLAN

Category	Needs	Actions ( Referrals )		Outcome
		Date	Agency	
Housing				
Community Assistance				
Transportation				
Food / Meals				
Child Care				
Medical				
Mentoring				
Legal				
Language Barriers				
Guidance Counseling				
Drug / Alcohol Abuse Support				
Job Placement Job Search				