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| **WIOA Title I Youth Funded Program**  **Objective Assessment & Individual Service Strategy (ISS)** | | | | | | | |
| **Section I - Demographics** | | | | | | | |
| Participant Name: | | | | NJCOS - ID #: | | | |
| Birth Date: | | | Enrollment Date: | | | Career Coach: | |
| In-School Youth (ISY) | | | | Out-School-Youth (OSY) | | | |
| **Section II – Educational History** | | | | | | | |
| Are you attending high school?  Yes  No | | | Current grade level: | | | School name: | |
| Attending school as scheduled?  Yes  No | | | Current number of credits? | | | On track to graduate?  Yes  No | |
| Dropped out of school:  Yes  No | | | If Dropped out, please specify date and why? | | | | |
| Completed HS diploma/GED?  Yes  No | | | Date completed? | | | Name of school? | |
| Attended post-secondary school? Yes  No | | | Area of concentration/study: | | | | |
| List any additional educational/vocational training courses taken: | | | | | | | |
| **Section III – Employment History** | | | | | | | |
| Currently employed?  Yes  No  # of hours? | | | | Employer information and contact information: | | | |
| Job title: | | | | Current wage: $      per hour. | | | |
| Prior work experience: Yes  No | | | | | | | |
| Employer name: | | | | Job title: | | | |
| Start date: | End date: | | | Wage: $      per hour. | | | |
| Reason for leaving: | | | | | | | |
| Employer name: | | | | Job title: | | | |
| Start date: | End date: | | | Wage: $      per hour. | | | |
| Reason for leaving: | | | | | | | |
| Employer name: | | | | Job title: | | | |
| Start date: | End date: | | | Wage: $      per hour. | | | |
| Reason for leaving: | | | | | | | |
| Describe any other work experience and/or skills learned through volunteering, hobbies, etc.: | | | | | | | |
| **Section IV – Barriers** | | | | | | | |
| **Education and Training Barriers** | | | | | | | |
| Low math/reading skills  Dropped out of school  Learning disabilities | | Attendance  Grades/credits  Suspensions/expulsions | | | English-speaking/reading/writing  First generation HS graduate  At risk of dropping out of school | | |
| Comments: | | | | | | | |
| **Employment Barriers** | | | | | | | |
| Work clothing  Equipment/tools  Criminal history/record | | | No Picture ID  Lack of Career Goals  Lack of Vocational Skills | | | | No Work History  Poor Work References  License/Credential |
| Comments: | | | | | | | |
| **Life Skills Barriers** | | | | | | | |
| Housing  Food  Clothing  Transportation  Pregnant/parenting  Child care  Healthcare  Driver’s license  Homeless | | | No social security card  Legal issues  Budgeting  Financial/credit history  Gang affected/involved  Currently in foster care  Formerly in foster care  Currently ward of court  Runaway | | | | Formerly ward of court  Family issues/instability  Parent guardian incarcerated  Substance abuse  Mental health/counseling  Self-esteem/depression  Motivation  Anger management |
| Comments: | | | | | | | |
| **Additional Barriers** | | | | | | | |
|  | | |  | | | |  |
| Comments: | | | | | | | |
| **Supportive Service Needs** | | | | | | | |
| Child care assistance  Medical assistance  Housing assistance  Transportation assistance  Work related clothing | | | Work related tools  Eye glasses  Books and materials  Legal services assistance | | | | Other: |
| Comments: | | | | | | | |

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| **Section IV – Assessments Results** | | | | | | | |
| **Academic Skills Assessments** | | | | | | | |
| Name of Assessment and Version Used: | | | | | | | |
| Date of Pre-Test Assessment:  Type of Assessment:  English Language Assessment  Math  Reading  Locating Information  Writing | | | Date of Post-Test Assessment:  Type of Assessment:  English Language  Math  Reading  Locating Information  Writing | | | | |
| Pre Scores: EFL      M     R     LI     W | | | Post Scores: EFL      M     R     LI      W | | | | |
| **Secondary Education Exam Results** | | | | | | | |
| Name of Exam: | | | Reading: | |  | | |
| Math: | |  | | |
| Writing: | |  | | |
| Science: | |  | | |
| Support documentation in participant’s files? | | | Yes  No | | | | |
| **Other Assessments** | | | | | | | |
| Career Interest Inventory :  Type of tool(s) used: **Woofound**    Type of tool(s) used: | | | Results:  Results: | | | | |
| Support documentation in participant’s files? | | | Yes  No | | | | |
| Other Assessments:    Type of tool(s) used:    Type of tool(s) used:    Type of tool(s) used: | | | Results:  Results:  Results: | | | | |
| Is supporting documentation in the participant’s files? | | | Yes  No | | | | |
| Have work readiness skills been assessed? | | | Yes  No  Please describe areas of strength and areas in need of improvement: | | | | |
| **Section V – Training Plan and Goals** | | | | | | | |
| **Career Pathway Identified:** | | | | | | | |
| **14 youth elements (YE) available to assist in achieving goals:** | | | | | | | |
| 1. Tutoring, study skills training, instruction, and evidence-based dropout prevention | | | 1. Alternative secondary school services, or dropout recovery services. | | | | |
| 1. Paid and unpaid work experiences | | | 1. Occupational skills training | | | | |
| 1. Education for workplace preparation | | | 1. Leadership development | | | | |
| 1. Support services | | | 1. Adult mentoring | | | | |
| 1. Follow-up services | | | 1. Comprehensive guidance and counseling | | | | |
| 1. Financial Literacy | | | 1. Entrepreneurial skills training | | | | |
| 1. Labor market information | | | 1. Transition to Post-secondary Education | | | | |
| **Action Plan** | | | | | | | |
| **Educational Goal(s):**  Short-Term:  Long Term: | | | | | | | |
| Action Steps:  1.  2.  3.  4. | YE Number: | Target start and end date: | | Completed:  **Yes  No**  **Yes  No**  **Yes  No**  **Yes  No** | | | Outcome(s) Attained: |
| **Employment and Occupational Goal(s):**  Short-Term:  Long Term:  Is the desired occupational choice in-demand?  Yes  No Is additional training needed?  Yes  No | | | | | | | |
| Action Steps:  1.  2.  3.  4. | YE Number: | Target start and end date: | | Completed:  **Yes  No**  **Yes  No**  **Yes  No**  **Yes  No** | | Outcome(s) Attained: | |
| **Work Readiness Goal(s):**  Short-Term:  Long Term: | | | | | | | |
| Action Steps:  1.  2.  3.  4. | YE Number: | Target start and end date: | | Completed:  **Yes  No**  **Yes  No**  **Yes  No**  **Yes  No** | | Outcome(s) Attained: | |
| **Other Goal(s):**  Short-Term:  Long Term: | | | | | | | |
| Action Steps:  1.  2.  3.  4. | YE Number: | Target start and end date: | | Completed:  **Yes  No**  **Yes  No**  **Yes  No**  **Yes  No** | | Outcome(s) Attained: | |

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| **WIOA Title I Funded Program – Youth Program Participant Attestation and Release** |
| I certify that statements made by me on this form are voluntary, true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that if I knowingly make any misstatement(s) of fact(s) I will be subject to disqualification or dismissal from this program or activity. I also understand that any and all of this information provided by me may be verified and I allow the release of this information by the authorized entity for verification purposes. I have helped create this Career Plan and I intend to participate and succeed in all of the activities we have planned in order to accomplish set goal(s). If I have problems, I will ask for help. If I want to change any parts of the plan, including my Career Goal(s), I will tell the WIOA Title I program staff and together we can make the changes. I also understand that this plan does not constitute an entitlement to WIOA Title I funded services and/or activities. **(Please print the training plan and give a copy to the participant)**  --------------------------------------------------- ---------------------------------------- -------------------  **Program Participant Signature Career Coach Signature Date** |

**Additional Notes:**