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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 [ ]  NoPlease 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:**