

Individual Service Strategy / Educational and Employability Development Plan

Name: _____ **Social Security Number:** _____ - _____ - _____

Section I – Background Information

Education:

- School Drop-Out
 Youth In-School
 H.S. Grad (No Post H.S.)
 Highest Grade Completed: _____
 Student
 Youth Out-of-School
 Post H.S. Attendee
 Major Course of Study: _____

Work History:

Other Skills & Interests:

Section II – Education & Employment Goals

Education:

Employment:

Section III – Pre-Assessment

	Name of Test	Grade Equivalent	Date Administered	Administered by:
Reading				
Math				
Work Readiness		Pre-Test Work Readiness Level	Post-Test Work Readiness Level	

Education & Employment Services / Needs

Training		Supportive Services:
Basic Education Skills		Offender
Reading		Individual w/Disability
Writing		Health
Math		Drug or Alcohol Abuse
Behind Grade Level		Pregnant or Parenting Youth
High School Diploma, GED		Age
Credential Requirements		Race/National Origin
Language		Cash Welfare Recipient
Lacks Employment Experience		Designated Category
Lacks Job Appropriate Opportunity		Other:
Homeless/Runaway		

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Section IV – Individualized Plan

Recommended Activities & Services to Meet Stated Goals:

Projected Unsubsidized Position:

Employment Plan Summary:

Section V – Post Assessment

Testing:

Other:

Section VI – Statement of Receipt

I hereby certify that I have been informed and understand the following documents and/or information:	Counselor Initials	Participant Initials
1. Referral Information		
2. Local Labor Market Demand List		
3. Poverty Level Income for the area and the income necessary to live above the poverty level		
4. Grant & Loan Info to attend training and potential indebtedness and repayment requirements		

Section VII – Statement of Understanding

I understand that participation in a WIA activity does not create an entitlement of services and nothing in the ACT shall be constructed to establish a private right of action for a participant to obtain services described in the Objective Assessment or ISS/EEDP.

I further understand that the above ISS/EEDP requires my participation and cooperation and that, if I am a welfare recipient, I should notify my case manager if any changes are needed in this plan.

Applicant's / Participant's Signature _____ **Date** _____

Interviewer's Signature _____ **Date** _____

SDA / Non-SDA Name _____