

**The Mississippi Partnership  
WIOA Youth Programs  
INDIVIDUAL SERVICE STRATEGY FORM  
Revised July 2021**

1. First Name	2. Last Name	3. Social Security # (or last 4 digits)
4. Date of Participation	5. Date of Birth	6. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male

7. Education History

Last High School Attended & Dates: \_\_\_\_\_

Highest Grade Completed: 6 7 8 9 10 11 12

College Attended & Dates: \_\_\_\_\_

Major: \_\_\_\_\_

Years Completed: 1 2 3 4

Received High School Diploma  
 Received Cert. of Attendance/Completion  
 Received H.S. Equivalency Diploma  
 Received Associate/Bachelor Degree  
 Received other Occupational Degree/Certificate

8. Employment History

Has the youth ever been employed?  Yes  No

*If yes, please enter the employment history below:*

Employer Name:		City, State:	
Job Title:	Start Date:	End Date:	Reason for Leaving

Employer Name:		City, State:	
Job Title:	Start Date:	End Date:	Reason for Leaving

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9. Basic Skills Assessment:

**Current GPA:** \_\_\_\_\_ (ISY only)

**Work Readiness Screening Tool Score:** \_\_\_\_\_

<b>TABE:</b>	Scale Score	Grade Level
Reading		
Total Math		
Language		

  

<b>WorkKeys:</b>	Scale Score	Level
Applied Math		
Workplace Documents		

10. Short-Term Goals  
(Goals to be achieved within 12 months)

<input type="checkbox"/> Complete Essential Job Skills Training	<input type="checkbox"/> Obtain CRC
<input type="checkbox"/> Receive Paid Work Experience	<input type="checkbox"/> Enter Employment
<input type="checkbox"/> Obtain High School Diploma or Equivalent	<input type="checkbox"/> Enter Military
<input type="checkbox"/> Remain in High School	<input type="checkbox"/> Enter College
<input type="checkbox"/> Obtain Other Occupational Degree/Certificate (Type: _____)	<input type="checkbox"/> Enter Advanced Training or Occupational Skills Training

**Long-Term Employment Goals**

\_\_\_\_\_

11. Challenges to Education/Employment (check all that apply)

<input type="checkbox"/> Deficient in Basic Literacy Skills	<input type="checkbox"/> Lacks Work History
<input type="checkbox"/> English Language Learner	<input type="checkbox"/> Pregnant or Parenting
<input type="checkbox"/> Family/Personal Problems	<input type="checkbox"/> Public Assistance Recipient
<input type="checkbox"/> Foster Child, include aging foster child	<input type="checkbox"/> Requires additional assistance to complete an educational program
<input type="checkbox"/> Has a Disability	<input type="checkbox"/> Requires additional assistance to obtain or retain employment
<input type="checkbox"/> Health/Medical Problems	<input type="checkbox"/> School Dropout
<input type="checkbox"/> Lacks a Driver's License	<input type="checkbox"/> Under Employed
<input type="checkbox"/> Lacks High School Diploma or Equivalent	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Lacks Transportation	

12. Career Pathway Connection. Please describe the career pathway that is developed for this participant and describe how this program will assist with the career pathway development. If the participant's career is one of the Sector Strategy Industries, please indicate the sector.

<input type="checkbox"/> Advanced Manufacturing	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Information Technology	<input type="checkbox"/> Logistics, Transportation, Distribution	<input type="checkbox"/> Energy
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**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_