

**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  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><u>Last High School Attended &amp; Dates:</u></p> <p>_____</p> <p>Highest Grade Completed: 6 7 8 9 10 11 12</p> <p><u>College Attended &amp; Dates:</u></p> <p>_____</p> <p>Major: _____</p> <p>Years Completed: 1 2 3 4</p> </div> <div style="width: 50%;"> <input type="checkbox"/> Received High School Diploma  <input type="checkbox"/> Received Cert. of Attendance/Completion  <input type="checkbox"/> Received H.S. Equivalency Diploma  <input type="checkbox"/> Received Associate/Bachelor Degree  <input type="checkbox"/> Received other Occupational Degree/Certificate           </div> </div>																																			
8. Employment History  <p>Has the youth ever been employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If yes, please enter the employment history below:</i></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td colspan="2" style="padding: 5px;">Employer Name:</td> <td colspan="2" style="padding: 5px;">City, State:</td> </tr> <tr> <td style="padding: 5px;">Job Title:</td> <td style="padding: 5px;">Start Date:</td> <td style="padding: 5px;">End Date:</td> <td style="padding: 5px;">Reason for Leaving</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td colspan="2" style="padding: 5px;">Employer Name:</td> <td colspan="2" style="padding: 5px;">City, State:</td> </tr> <tr> <td style="padding: 5px;">Job Title:</td> <td style="padding: 5px;">Start Date:</td> <td style="padding: 5px;">End Date:</td> <td style="padding: 5px;">Reason for Leaving</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td colspan="2" style="padding: 5px;">Employer Name:</td> <td colspan="2" style="padding: 5px;">City, State:</td> </tr> <tr> <td style="padding: 5px;">Job Title:</td> <td style="padding: 5px;">Start Date:</td> <td style="padding: 5px;">End Date:</td> <td style="padding: 5px;">Reason for Leaving</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">Employer Name:</td> <td colspan="2" style="padding: 5px;">City, State:</td> </tr> <tr> <td style="padding: 5px;">Job Title:</td> <td style="padding: 5px;">Start Date:</td> <td style="padding: 5px;">End Date:</td> <td style="padding: 5px;">Reason for Leaving</td> </tr> </table>				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	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:**