

**The Mississippi Partnership
WIOA Youth Individual Service Strategy**

A: PARTICIPANT INFORMATION

Participant Name		
Last 4 SSN	Date of Birth	MS Works ID

Classification of Youth: ☐ WIOA In-School Youth (ISY) ☐ WIOA Out-of-School Youth (OSY)

Date ISS Created	Youth Provider Staff Name:
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B: CAREER PATHWAY AND GOALS

1. Career Pathway

Career Goal: _____

Career Goal Sector:

- | | |
|---|---|
| <input type="checkbox"/> Advanced Manufacturing | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Transportation/Logistics/Warehouse |
| <input type="checkbox"/> Energy | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Healthcare | |

Describe how this program will assist with the career pathway development for this participant:

2. Goals

Complete the goals section below to indicate the youth's goals while in the WIOA youth program.
Short-Term Goals should be attainable within 3 months, while long-term goals should be attainable within 12 months.

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Education Goals

Goal	Short-Term	Long-Term
<input type="checkbox"/> Remain in High School	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Earn High School Diploma	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Obtain Occupational Degree/Certificate*	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Enroll in a Community College	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Enroll in a Training Program	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Enroll in a 4-year College	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* List the Occupational Degree/Certificate: _____

Employment Goals

Goal	Short-Term	Long-Term
<input type="checkbox"/> Find a job	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Keep the job currently working	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Complete a WIOA paid work experience	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Enter Military	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Enter a Registered Apprenticeship Program	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal Goals

Goal	Short-Term	Long-Term
<input type="checkbox"/> Complete Essential Job Skills Training	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Learn Financial Literacy & Independence	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Increase community services such as volunteering with a non-profit	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Register to Vote	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Improve communication & interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Learn coping strategies to help with emotional regulation/maturity	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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C: WIOA PERFORMANCE MEASURES

Describe how the Career Pathway and Goals listed in B are linked to the WIOA Performance Measures.

Note: ISS goals must align to an employment, education, or training outcome; however, Measurable Skill Gains (MSGs) and credential attainment are determined solely by documented participation in and completion of qualifying WIOA services, education, or training activities.

WIOA Performance Measure	Describe How Goals are Linked
Employment or Education 2 nd & 4 th Quarters	
Median Earnings Change	
Credential Attainment	
Measurable Skill Gains	

D: PLANNED SERVICES AND ACTIVITIES

Indicate the planned WIOA Youth Program Elements the participant will receive:

Note: All services, start date, and end dates must be entered into MS Works.

- | | |
|--|--|
| <input type="checkbox"/> Tutoring/Study Skills | <input type="checkbox"/> Follow-Up Services |
| <input type="checkbox"/> Alternative Secondary School Services | <input type="checkbox"/> Comprehensive Guidance & Counseling |
| <input type="checkbox"/> Paid/Unpaid Work Experience | <input type="checkbox"/> Financial Literacy Education |
| <input type="checkbox"/> Occupational Skills Training | <input type="checkbox"/> Entrepreneurial Skills Training |
| <input type="checkbox"/> Education Concurrent with Workforce Preparation | <input type="checkbox"/> Labor Market Information Services |
| <input type="checkbox"/> Leadership Development | <input type="checkbox"/> Postsecondary Preparation/Transition Activities |
| <input type="checkbox"/> Supportive Services | <input type="checkbox"/> WorkKeys Testing |
| <input type="checkbox"/> Adult Mentoring | <input type="checkbox"/> Essential Job Skills |

Enter referrals provided to the youth:

Agency
Purpose for Referral

Agency
Purpose for Referral

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E: PARTICIPANT AND WIOA GATEWAY CAREER COACH AGREEMENT

For Youth Participant - I agree to:

- ▶ Contact my Career Coach monthly or as often as necessary to update my progress. I understand that my case can be closed if I go 90 days without participating in a service.
- ▶ Let my Case Manager know of any problems which would cause changes to any activities or interfere with completing the Gateway Program.
- ▶ Seek, accept and maintain employment that meets my planned goal(s).
- ▶ Contact my Career Coach when I become employed, and provide all necessary information pertaining to the job.
- ▶ Stay in contact with my Career Coach for up to a year after exiting the program to maintain and support meeting my goals.

For the Career Coach – I agree to:

- ▶ Assist with the appropriate career guidance, training and supportive services.
- ▶ Coordinate with other agencies and programs to help you obtain needed services.
- ▶ Monitor your participation and progress in the Gateway Program.
- ▶ Assist you in your search for employment.
- ▶ Maintain contact with you for up to one year after you obtain employment for employment retention and career advancement purposes.

Participant Signature: _____ Date: _____

Career Coach Signature: _____ Date: _____

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F: ISS UPDATES

The ISS must be reviewed and updated every 90 days while the youth is in the program or sooner if participant circumstances change.

Date of ISS Review & Update: _____

- 1. Describe the progress that the youth is making in attaining the goals described in their ISS**

- 2. Describe any revisions needed to the youth's goals.**

- 3. Describe the youth's progress towards meeting the WIOA Performance Indicators. *Ensure that MS Works is updated as needed to reflect this progress.***

- 4. Indicate any additional WIOA Youth Program Elements that the youth needs to achieve the goals. *Update services in MS Works as needed.***

- | | |
|--|--|
| <input type="checkbox"/> Tutoring/Study Skills | <input type="checkbox"/> Follow-Up Services |
| <input type="checkbox"/> Alternative Secondary School Services | <input type="checkbox"/> Comprehensive Guidance & Counseling |
| <input type="checkbox"/> Paid/Unpaid Work Experience | <input type="checkbox"/> Financial Literacy Education |
| <input type="checkbox"/> Occupational Skills Training | <input type="checkbox"/> Entrepreneurial Skills Training |
| <input type="checkbox"/> Education Concurrent with Workforce Preparation | <input type="checkbox"/> Labor Market Information Services |
| <input type="checkbox"/> Leadership Development | <input type="checkbox"/> Postsecondary Preparation/Transition Activities |
| <input type="checkbox"/> Supportive Services | <input type="checkbox"/> WorkKeys Testing |
| <input type="checkbox"/> Adult Mentoring | <input type="checkbox"/> Essential Job Skills |

- 5. Describe any additional referrals given to the youth to assist in achieving the goals.**

I certify that the participant's Individual Service Strategy (ISS) was reviewed and updated to reflect the participant's current circumstances, progress, goals, and service needs.

Participant Signature: _____ Date: _____

Career Coach Signature: _____ Date: _____