

THE MISSISSIPPI PARTNERSHIP WORKFORCE DEVELOPMENT AREA

STANDARDS FOR INDIVIDUALIZED PLANNING, DOCUMENTATION, & MEASURABLE SKILL GAINS POLICY

Revised July 1, 2026

**The Mississippi Partnership Workforce Development Area
Standards for Individualized Planning, Documentation,
& Measurable Skill Gains Policy**

I. Scope and Purpose

This policy establishes standards for The Mississippi Partnership Workforce Development Area (MPWDA) for the development and maintenance of Individual Employment Plans (IEP), Individual Service Strategies (ISS), objective assessments, case documentation, and accurate Measurable Skill Gains (MSG) reporting under WIOA Title I programs.

This policy applies to all LWDA staff, partners, and contractors delivering WIOA Title I Adult, Dislocated Worker, and Youth program services in the MPWDA.

II. Authority

- Workforce Innovation and Opportunity Act (WIOA), Sec. 3, Sec. 116(b)(2)(A)
- 20 CFR Parts 677, 678, 680, 681, 683
- TEGL 10-16 Change 3 (Credential Attainment Indicator)
- TEGL 21-16, Change 1
- TEGL 23-19, Change 3
- MDES/OGM's WIOA Policy 15 – Revision 1 – Certificates and Credentials
- MPWDA Certificates & Credentials Policy

III. Definitions

- **Individual Employment Plan (IEP) / Individual Service Strategy (ISS):**
A participant-centered plan linking assessments to goals, services, timelines, barrier interventions, and progress indicators.
- **Objective Assessment:**
Structured evaluation of academic/basic skills, occupational skills, interests, aptitudes, service needs, and barriers used to guide individualized planning.
- **Measurable Skill Gain (MSG):**
Federally defined performance indicator that tracks documented progress toward training or credential goals.

- **Case Notes:**

Narrative entries documenting participant interactions, services, decisions, and progress.

IV. IEP/ISS Development & Objective Assessment

Staff must complete and record an objective assessment before developing the IEP/ISS, and the plan must reference and incorporate assessment results. The MPWDA Adult/DW Career Assessment & Training Needs Determination is included as Attachment B and the MPWDA Youth Objective Assessment is included as Attachment C. Staff will utilize the approved list of objective assessment tools that is developed by the local area and MDES.

IEP/ISS documents must reflect assessment results and include goals, identified barriers, required services, and planned interventions. Adult and Dislocated Worker Staff will utilize the IEP in MS Works for WIOA participants. Youth Staff will utilize the Youth ISS included as Attachment C.

The IEP/ISS must be reviewed and updated every 90 days or sooner if participant circumstances change.

For participants in training or education, the IEP/ISS must include the applicable MSG category and describe how the participant will demonstrate progress.

Regardless of when the last 90-day review occurred, a reassessment must be conducted and documented when a participant enrolls in a new training program or changes their training pathway.

V. MSG Documentation Requirements

All Measurable Skill Gains must be supported by verifiable documentation such as transcripts, progress reports, standardized test results, or training milestones.

Documentation must be placed in the participant file and submitted for upload WebEx/Imaging before recording an MSG in MS Works.

Staff must use the MPWDA MSG Validation Checklist (Attachment E) to ensure proper documentation and alignment with the participant's IEP/ISS.

LWDA Staff, WIOA Provider Managers/Supervisors, and state monitors will conduct periodic data validation reviews to ensure compliance.

VI. Case Note Documentation Standards

Case notes must document the reason for interaction, topics discussed, progress toward IEP/ISS goals, barriers identified, interventions provided, referrals, follow-up actions, and next steps.

Case notes must be timely and accurately reflect participant progress, ideally recorded the same day and no later than five business days after contact.

Case notes must remain consistent with IEP/ISS goals and document plan updates clearly. WIOA Provider Supervisory review protocols must be maintained to routinely monitor case note quality and accuracy.

LWDA staff and state monitors will conduct periodic review of case notes to ensure compliance.

VII. Procedures

- **IEP/ISS Procedures:** Complete objective assessments prior to plan creation; update plans every 90 days; document MSG strategies for participants in training.
- **MSG Procedures:** Validate MSG type; upload documentation immediately; use the MSG validation checklist.
- **Case Note Procedures:** Record notes promptly; reflect changes to IEP/ISS; include referrals, follow-ups, and barrier resolutions.
- **Reassessment Procedures:** A reassessment must be conducted and documented when a participant enrolls in a new training program or changes their training pathway, regardless of when the last 90-day review occurred.

VIII. Roles and Responsibilities

- **Frontline WIOA Provider Staff:** Conduct assessments, develop and update IEP/ISS, document MSG, and enter case notes.
- **Local Provider Supervisors:** Conduct oversight, review case files, and ensure compliance.
- **LWDA Staff:** Maintain local Standard Operating Procedures (SOPs) aligned with MDES policy; ensure staff training; deliver training, technical assistance, monitoring, and data validation.
- **MDES:** Deliver training, technical assistance, monitoring, and data validation to LWDA Staff.

IX. Compliance and Monitoring

MPWDA Staff will conduct routine informal monitoring which may include desk reviews, technical assistance calls, review of reports and case files throughout the program year to ensure compliance with this policy. Additionally, the MPWDA staff will conduct one formal, documented monitoring review of each WIOA Service Provider during each program year. If MPWDA Staff identifies deficiencies, it may result in corrective action as required under WIOA and state guidance.

X. Training and Implementation Timeline

All frontline staff and other affected personnel must complete training on this policy within 30 days of issuance.

New Staff must complete training on this policy within 30 days of hire.

All affected staff should receive periodic retraining on the policy requirements. Retraining should occur annually or as deemed necessary to meet monitoring or data validation standards.

Documentation of training and training records must be maintained.

XI. Systems and Recording Keeping

All IEP/ISS, MSG documentation, and case notes must be maintained in the MS Works and WebEx/Imaging.

Non-approved systems or unofficial storage platforms are prohibited and may not store official records.

All records must be maintained in accordance with the MPWDA Personal Identifiable Information (PII) Policy and the MPWDA Record Retention Policy.

XII. Effective Date

This policy is effective July 1, 2026.

ATTACHMENTS

Attachment A	MPWDA Standard Operating Procedures
Attachment B	MPWDA Adult/DW Career Assessment & Training Needs Determination
Attachment C	MPWDA Youth Objective Assessment
Attachment D	MPWDA Youth Individual Service Strategy (ISS)
Attachment E	MPWDA MSG Validation Checklist

The Mississippi Partnership Standard Operating Procedures (SOP)

Operational Procedures for IEP/ISS, MSG Documentation, and Case Notes

1. Purpose

These SOPs provide step-by-step instructions for The Mississippi Partnership Workforce Development Areas (MPWDA), Three Rivers Planning & Development District (TRPDD) as the Fiscal and Administrative Agent for MPWDA, and its WIOA service providers including American Job Center (AJC) / WIN Job Center frontline staff and supervisors and WIOA Youth Providers. The purpose of these SOPs are to ensure consistent implementation of the MPWDA standards for Individual Employment Plans (IEP), Individual Service Strategies (ISS), objective assessments, Measurable Skill Gains (MSG), and case note documentation.

These SOPs also align with MDES Policy 42 – Standards for Individualized Planning, Documentation, and Measurable Skill Gains.

2. Scope

These SOPs apply to all WIOA Title I Adult, Dislocated Worker, and Youth staff operating in the Mississippi Partnership Workforce Area system.

3. Roles Covered in These SOPs

- Career Planners / Case Managers
- Supervisors / Program Managers
- LWDA Leadership
- State Program & Data Validation Staff

4.1 Objective Assessments and IEP/ISS Development

Staff must complete the applicable MPWDA Career Assessment and Training Needs Determination or WIOA Youth Objective Assessment prior to creating the IEP/ISS and enter results into MS Works and Imaging.

The assessment must include evaluations of academic skills, work history, career interests, occupational skills, barriers, supportive service needs, and training readiness.

IEP/ISS development steps include summarizing assessment results, establishing goals, identifying barriers, documenting supportive services, specifying MSG strategy (if applicable), entering plans into the systems, and scheduling 90-day reviews.

Plans must be updated every 90 days or sooner if circumstances change.

A reassessment must be conducted and documented when a participant enrolls in a new training program or changes their training pathway, regardless of when the last 90-day review occurred.

4.2 MSG Documentation Procedures

MSGs must be documented when a participant is in education or training such as occupational programs, adult education, postsecondary remediation, secondary credential programs, or apprenticeship-related instruction.

Acceptable MSG documentation includes transcripts, progress reports, skills assessments, and training milestones.

Staff must confirm MSG type, upload documentation, complete validation checklists, verify alignment with IEP/ISS, and document MSG activity in case notes.

Entering an MSG without uploading evidence is prohibited.

4.3 Case Note Procedures

Case notes must document the purpose of contact, discussion summary, progress, barriers, interventions, referrals, follow-up actions, IEP/ISS updates, next steps, and staff identifiers.

Case notes must be timely, ideally same day but no later than five business days.

Case notes must reflect IEP/ISS changes and document MSG evidence as applicable.

5. WIOA Service Provider Responsibilities

- Supervisors or other designee determined by the WIOA Service Provider must review the minimum files required by the Fiscal Agent each month.
- Reviews must examine the accuracy of eligibility documentation, IEP/ISS entries, assessment documentation, MSG evidence, case note completeness, and 90-day plan updates.
- Corrective feedback must be provided to staff within five business days.
- WIOA Service Provider must report to the Fiscal Agent the results of the monthly file review and any corrective actions taken.

6. LWDA Responsibilities

- Ensure staff are trained on this SOP within 30 days.
- Maintain local SOPs consistent with MDES policy.

- Notify each service provider no later than the 10th calendar day of each month of the minimum number of active participant files that must be reviewed for the preceding month. At a minimum, supervisors shall review 10% of active participant files or five (5) files, whichever is greater, in accordance with state requirements. Based on risk factors, monitoring results, performance concerns, staffing changes, corrective actions, or other programmatic considerations, the Fiscal Agent may require a provider to review a greater percentage of active files, up to and including 100% of active participant files.
- Implement local-level quality control checks.
- Respond to MDES monitoring requests promptly.

7. State-Level Responsibilities

- Provide statewide training and refresher modules.
- Conduct annual monitoring and quarterly data validation.
- Issue corrective actions if noncompliance persists.
- Maintain system-of-record requirements.

8. Required Forms and Tools

- MPWDA Career Assessment and Training Needs Determination or WIOA Youth Objective Assessment
- IEP/ISS Template
- MPWDA MSG Validation Checklist
- Case Note Quality Checklist
- 90-Day Review Scheduler
- Other tools provided by TRPDD including but not limited to Data Validation Checklists and MPWDA Monitoring Instruments
- System-of-Record User Guide

9. Training and Implementation

All affected staff must complete training within 30 days of SOP release.

LWDAs must maintain training records.

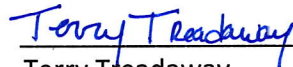
Retraining is required for any staff found to be non-compliant.

10. Compliance

Failure to follow the MPWDA Standards for Individualized Planning, Documentation, and MSG Policy, these SOPs, and MDES Policy 42 may result in retraining requirements, corrective action, monitoring findings, or administrative consequences under TRPDD and/or MDES oversight.

11. Effective Date

These SOPs are effective for the MPWDA July 1, 2026.



Terry Treadaway
MPWDA Fiscal Agent Director
Three Rivers Planning & Development District

**The Mississippi Partnership
Workforce Development Area
Adult & Dislocated Worker
Individualized Career Services Assessment and Training Needs Determination**

Regulatory Authority: 20 CFR § 680.220; 20 CFR § 678.430; 20 CFR § 680.170; TEGL 10-19 Change 3

Important Notice to WJC Staff

This document serves two sequential functions governed by 20 CFR § 680.220:

- ▶ **Part A — Initial Career Services Evaluation** must be completed at or before the point of enrollment in individualized career services. It satisfies the requirement for an "interview, evaluation, or assessment" to determine the participant's need for career services and to establish eligibility for training consideration.

If a WIOA Adult or Dislocated Worker participant receives any of the following services during their participation period— regardless of if it is a Wagner-Peyser or WIOA Program service, Part A of this form is required.

- | | |
|---|---|
| ○ WIOA – Career Planning | ○ WIOA Work Experience – Other |
| ○ WIOA – Comprehensive & Specialized Assessments | ○ WIOA Work Experience – Pre-Apprenticeship Program |
| ○ WIOA – Individual Counseling | ○ WIOA Adult Follow Up |
| ○ WIOA – Individual Employment Plan (IEP) | ○ WIOA English Language Acquisition/ESL |
| ○ WIOA – Out of Area Job Search Assistance or Relocation Assistance | ○ WIOA – Enter Subsidized Employment |
| ○ WIOA – Short-term Prevocational Services | ○ WIOA – Financial Literacy Services |
| ○ WIOA Work Experience – Internship or Other Employment Opportunity | ○ WIOA – Group Counseling |
| ○ WIOA Work Experience – Job Shadowing | ○ WIOA – Workforce Preparation |
| | ○ TRPDD-MIEP |

- ▶ **Part B — Full Training Needs Determination** must be completed before the participant is referred to or enrolled in any training service, including those funded through an Individual Training Account (ITA). A participant may not begin training based on Part A alone. Part B constitutes the full determination of need required under 20 CFR § 680.220 and must be directly used to develop the Individual Employment Plan (IEP).

If a WIOA Adult or Dislocated Worker participant has a WIOA Training Enrollment, Part B of this form is required.

The IEP is not a valid planning document unless it is directly informed by and traceable to the findings documented in this assessment. **A case note must be entered confirming that the IEP reflects these results.**

Results from a recent formal assessment completed by a partner program or accredited educational institution **within the last 6 months** may be substituted for locally administered instruments to avoid duplication, provided the results are on file, the instrument is identified, and the administering institution is documented.

**The Mississippi Partnership
Individualized Career Services & Training Needs Determination**

PART A: INITIAL CAREER SERVICES EVALUATION

Required for enrollment in individualized career services. Regulatory Basis: 20 CFR § 680.210–680.220

A-1: PARTICIPANT INFORMATION

Participant Name		
Last 4 SSN	Date of Birth	MS Works ID

Program: ☐ WIOA Adult ☐ WIOA Dislocated Worker

Date of Evaluation	WJC Staff Name:
---------------------------	------------------------

A-2: EMPLOYMENT STATUS AT ENROLLMENT

Current Employment Status:

- ☐ Employed Full-Time
- ☐ Employed Part-Time (seeking additional or different employment)
- ☐ Unemployed – actively seeking work
- ☐ Dislocated Worker – laid off/business closure/plant closing
- ☐ Not in the labor force

If Dislocated Worker:

Employer at Time of Dislocation: _____

Date of Layoff/Closure: _____

WARN Act Notified: ☐ Yes ☐ No ☐ Unknown

Receiving Trade Adjustment Assistance (TAA): ☐ Yes ☐ No

Receiving Unemployment Insurances: ☐ Yes ☐ No

UI Exhausted or Nearing Exhaustion: ☐ Yes ☐ No

A-3: INITIAL SCREENING NEEDS

Primary Reason for Seeking Services:

**The Mississippi Partnership
Individualized Career Services & Training Needs Determination**

1. Does the participant express interest in training or education? ☐ Yes ☐ No ☐ Unsure
2. Does the participant appear to have skills and experience sufficient for immediate employment?
☐ Yes ☐ No ☐ Needs further assessment
3. Does the participant face barriers that may require supportive services before or during service participation? ☐ Yes ☐ No
4. Initial Career Services Appropriate: ☐ Yes ☐ No
5. Training Needs Determination (Part B) Required: ☐ Yes ☐ No

If Training Needs Determination is required, complete Part B before referring the participant to any training service.

Case Manager Notes – Initial Evaluation Summary:

A-4: ACADEMIC AND BASIC SKILLS ASSESSMENT

Basis: 20 CFR § 680.220 — Determination of employability and suitability for training; MPWDA Basic Skills Deficiency Policy

1. Academic

Highest Educational Level Completed:

- | | |
|--|---|
| <input type="checkbox"/> Less than High School | <input type="checkbox"/> Associate Degree |
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Bachelor Degree |
| <input type="checkbox"/> High School Equivalency | <input type="checkbox"/> Graduate Degree |
| <input type="checkbox"/> Some College | |

Current Education Status

- ☐ Not Attending School ☐ Enrolled in College Part-Time ☐ Enrolled in College Full-Time

Licenses, Certifications, or Credentials Participant Currently Holds:

Credential Name	Issuing Organization	Date Received	Expiration

**The Mississippi Partnership
Individualized Career Services & Training Needs Determination**

Does the participant's academic skill level support enrollment in the proposed training program without remediation?

- ☐ Yes — proceed with training referral
- ☐ No – co- enrollment in basic skills instruction required or alternative training pathway recommended
- ☐ Uncertain — further evaluation recommended

If No or Uncertain, describe recommended remediation or alternative pathway:

2. Basic Skills

Complete this Basic Skills Training Tool to determine if the participant's English reading, writing, or math skills are at or below the 8th-grade level, or if they are unable to compute, solve problems, or speak English at a level necessary to function effectively on the job.

Complete this information if the participant has been assessed with TABE or WorkKeys within the last 6 months:

TABE Information:				WorkKeys Information:			
	Scale Score	Grade Level	Date Taken		Scale Score	Level	Date Taken
Reading				Applied Math			
Total Math				Workplace Documents			
Language							

1. Do you have a high school diploma, General Educational Diploma (GED), or High School Equivalency (HSE) diploma? ☐ Yes ☐ No
2. Can you follow basic written instructions and diagrams with no help or just a little help? ☐ Yes ☐ No
3. Can you fill out basic medical forms and job applications? ☐ Yes ☐ No
4. Can you add, subtract, multiply, and divide with whole number up to 3 digits? ☐ Yes ☐ No
5. Can you do basic tasks on a computer? ☐ Yes ☐ No
6. Do you speak and read English well enough to get and keep a job? ☐ Yes ☐ No
7. If you have taken the ACT WorkKeys® Workplace Documents and Applied Math tests: Did you score at least a Bronze Level on these tests? ☐ Yes ☐ No
8. Do you have the skills necessary for the desired position you are seeking training services for? ☐ Yes ☐ No

Note: If any question 1-8 above is answered "No" the individual is considered basic skills deficient.

**The Mississippi Partnership
Individualized Career Services & Training Needs Determination**

A-5: IMMEDIATE CAREER SERVICES NEEDS

Select all of the individualized career services the participant needs at this time:

- | | |
|--|--|
| <input type="checkbox"/> WIOA – Career Planning | <input type="checkbox"/> WIOA Work Experience – Other |
| <input type="checkbox"/> WIOA – Comprehensive & Specialized Assessments | <input type="checkbox"/> WIOA Work Experience – Pre Apprenticeship Program |
| <input type="checkbox"/> WIOA – Individual Counseling | <input type="checkbox"/> WIOA Adult Follow Up |
| <input type="checkbox"/> WIOA – Individual Employment Plan (IEP) | <input type="checkbox"/> WIOA English Language Acquisition/ESL |
| <input type="checkbox"/> WIOA – Out of Area Job Search Assistance or Relocation Assistance | <input type="checkbox"/> WIOA – Enter Subsidized Employment |
| <input type="checkbox"/> WIOA – Short-term Prevocational Services | <input type="checkbox"/> WIOA – Financial Literacy Services |
| <input type="checkbox"/> WIOA Work Experience – Internship or Other Employment Opportunity | <input type="checkbox"/> WIOA – Group Counseling |
| <input type="checkbox"/> WIOA Work Experience – Job Shadowing | <input type="checkbox"/> WIOA Training Services -ITA or OJT (Must complete Part B) |
| | <input type="checkbox"/> TRPDD-MIEP |

NOTE: All services provided to the participant must be entered into MS Works

A:6 ADULT PRIORITY OF SERVICE

This section must be completed for each WIOA Adult Participant who is requesting WIOA Individualized services. Refer to the MPWDA Adult Priority of Service Policy for additional information.

Indicate the Individual's Priority of Service Group

- ☐ Statutory Priority Group. This includes individuals who are in the following categories:
- Veteran or Eligible Spouse
 - Recipient of Public Assistance
 - Low-Income Individual
 - Individual who is considered basic skills deficient
- ☐ Additional Priority Group. This includes individuals who are in the following categories:
- Individuals with significant barriers to employment (including substance abuse)
 - Eligible Migrant and Seasonal Farmworkers
 - Offenders
 - Homeless Individuals
 - Individuals facing substantial cultural barriers or who are English Language Learners
 - Individuals with a disability who are not otherwise included in one of the Statutory Priority Groups
 - Single Parents (included single pregnant women and non-custodial parents)
 - Foster Children or Aged Out of Foster Care young adults
 - Individuals aged 55 or older
- ☐ Not in a priority Group

A-7: PART A CERTIFICATION

I certify that this initial career services evaluation was conducted through a structured interview and review of available participant information, and that the service needs identified above reflect the participant's current situation.

Participant Signature: _____ Date: _____

WJC Staff Signature: _____ Date: _____

**The Mississippi Partnership
Individualized Career Services & Training Needs Determination**

PART B: FULL TRAINING NEEDS DETERMINATION

Required before referral to or enrollment in any training service. Regulatory Basis: 20 CFR § 680.220; 20 CFR § 680.300–680.320

This section constitutes the full determination of need required under 20 CFR § 680.220. It must be completed, documented, and on file before an ITA is issued or any skills training is authorized. This should serve as a foundation for developing the IEP.

B-1: CAREER INTERESTS AND GOALS

Basis: 20 CFR § 680.220 — Most appropriate mix of career services and training

1. Career Interest Assessment

Indicate the method used to determine career interest:

- ☐ O*Net Interest Profiler
- ☐ Myers-Briggs Type Indicator
- ☐ Myers-Briggs Strong Assessment
- ☐ Career OneStop Assessment
- ☐ Holland Code Assessment
- ☐ Recent formal assessment from accredited institution (within last 6 months)
- ☐ Other validated instrument: _____
- ☐ Career interest identified through participant interview and career planning discussion (no formal assessment utilized)

Date Administered: _____

Career Interest Sectors (Mark top 3):

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

2. Career Wage and Goals

Participant's Identified Occupational Goal	Target Industry

Is this occupational goal aligned with local / regional labor market demand?

- ☐ Yes ☐ No ☐ Needs Further Research

Participant's Wage Expectation	Local Median Wage for Target Occupation

Is the wage expectation consistent with the target occupation's local median?

- ☐ Yes ☐ No – If No, document case manager discussion with participant:

**The Mississippi Partnership
Individualized Career Services & Training Needs Determination**

Preferred Work Environment:

- | | |
|--|--|
| <input type="checkbox"/> Indoors / office | <input type="checkbox"/> Remote / work from home |
| <input type="checkbox"/> Outdoors / field | <input type="checkbox"/> No preference |
| <input type="checkbox"/> Manual / trade / hands-on | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Healthcare / caregiving | |

Preferred Work Schedule:

- | | | | |
|-------------------------------|--|-----------------------------------|---|
| <input type="checkbox"/> Days | <input type="checkbox"/> Evenings/Nights | <input type="checkbox"/> Weekends | <input type="checkbox"/> Flexible/No Preference |
|-------------------------------|--|-----------------------------------|---|

Geographic Limitations (transportation, relocation, etc.): _____

Short-Term Goals (0-6 Months): _____

Long-Term Goals (6-24 Months): _____

Case Manager Notes – Career Interests & Career Goals:

B-2: WORK HISTORY, TRANSFERABLE SKILLS, AND OCCUPATIONAL SKILLS

Basis: 20 CFR § 680.220 — Determination of employability and suitability for training; most appropriate mix of career services

1. Work History

Total Years of Work Experience: _____

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

**The Mississippi Partnership
Individualized Career Services & Training Needs Determination**

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

Most Recent Occupation: _____

Most Recent Industry: _____

Is the participant's most recent occupation in a declining industry or occupation? ☐ Yes ☐ No ☐ Unknown

For Dislocated Workers:

Does the participant's prior occupation have a viable pathway back to employment without training?

- ☐ Yes — consider job search / placement before training referral
- ☐ No — training likely necessary

2. Transferable Skills

Skill Category	Specific Skills Identified	Level (Beginner, Intermediate, Advanced)
Technical / Occupational		
Digital / Computer		
Leadership / Supervision		
Communication (verbal / written)		
Customer / Client Service		
Administrative / Organizational		
Physical / Manual / Trade		

**The Mississippi Partnership
Individualized Career Services & Training Needs Determination**

3. Occupational Skills Assessment

Indicate the method used for occupational skills assessment:

- ☐ WorkKeys
- ☐ Occupational skills test administered by training provider
- ☐ Formal evaluation from partner / educational institution (within last 6 months)
- ☐ Structured interview — documented in 2a and 2b above
- ☐ Other: _____

Assessment Results / Notes:

Case Manager Notes – Work History, Transferable Skills, & Occupational Skills Assessment:

B-3: EMPLOYABILITY DETERMINATION

Basis: 20 CFR § 680.220 — Determination of employability

1. Work Readiness Assessment

General Rating Considerations:

Excellent

- Consistently exceeds expectations.
- Multiple examples from interview, work history, or documentation support the rating.
- Demonstrates the skill independently and across different situations.

Good

- Meets expectations in most situations.
- Evidence indicates reliable performance with only minor areas for growth.

Fair

- Partially meets expectations.
- Skill is present but inconsistently demonstrated or requires support, coaching, or supervision.

Needs Improvement

- Does not consistently meet expectations.
- Significant concerns are identified through observations, employment history, documentation, or interview responses.

Instructions: Rate each skill based on structured observation during the assessment interview, review of work history, and available documentation.

Skill	Excellent	Good	Fair	Needs Improvement
Punctuality / Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork / Collaboration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digital / Computer Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Conduct / Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following Instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**The Mississippi Partnership
Individualized Career Services & Training Needs Determination**

Case Manager Notes – Work Readiness Assessment:

2. Employment Determination

Based on the full assessment (academic skills, work history, transferable skills, and work readiness rating), indicate the participant's employability status:

Employability Status:

- ☐ **Job-Ready** — Participant has skills and experience sufficient for immediate employment in their identified occupational goal. Training is not required at this time. Proceed with job search and placement services.
- ☐ **Conditionally Job-Ready** — Participant is employable but would benefit from targeted skill-building, workforce preparation, or short-term training to improve employment outcomes. Describe condition:

- ☐ **Training Required** — Participant lacks the skills, credentials, or experience necessary to obtain employment in their identified occupational goal. A full training needs determination (Sections 5-6) is required before training services are provided.
- ☐ **Remediation Required Before Training** — Basic skill deficiencies must be addressed before occupational training can be effectively undertaken. Co-enrollment in adult education or remediation recommended.

B-4: SUPPORTIVE SERVICE NEEDS

Basis: 20 CFR § 680.220; 20 CFR § 680.900–680.920

Indicate the Barriers to Employment:

- | | |
|---|--|
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Homeless or at risk of homelessness |
| <input type="checkbox"/> Single Parent or Caregiver | <input type="checkbox"/> Migrant or Seasonal Farmworker |
| <input type="checkbox"/> Displaced Homemaker | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Long-term unemployed (27+ weeks) | <input type="checkbox"/> Cultural Barrier |
| <input type="checkbox"/> Low Income/Public Assistance Receipt | <input type="checkbox"/> Justice System Involved (past or present) |
| <input type="checkbox"/> Lack of reliable transportation | <input type="checkbox"/> Older Worker) |
| <input type="checkbox"/> Basic Skills Deficient | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> English Language Learner | <input type="checkbox"/> Other: _____ |

Indicate WIOA Supportive Services that may be needed for successful participation in training:

- ☐ Transportation Assistance
- ☐ Child Care Assistance
- ☐ Work-Related Tools & Clothing
- ☐ Testing Fees
- ☐ Workshop/Short-Term Training Fees
- ☐ ITA End-of-Semester Support Payment
- ☐ Other:

**The Mississippi Partnership
Individualized Career Services & Training Needs Determination**

Case Manager Notes – Supportive Service Needs (include any information about referrals for supportive services):

B-5: TRAINING SERVICE SUITABILITY DETERMINATION

Basis: 20 CFR § 680.220; 20 CFR § 680.300–680.320 — Training must be determined necessary and appropriate before ITA issuance

1. Training Service Suitability (All participants receiving training services)

The following criteria must all be addressed before training authorization. Each must be supported by findings documented in this assessment.

- a. **Is training necessary?** The participant lacks skills or credentials required for employment in the identified occupational goal based on the employability determination in Section B-4.
☐ Yes ☐ No
- b. **Is the participant suitable for the proposed training?** Academic skill levels (Section 1), occupational background (Section 2), and aptitude assessment (Section 4b) indicate the participant has a reasonable expectation of success in the proposed program.
☐ Yes ☐ No
- c. **Is the training aligned with the participant's interests and goals?** The proposed training is consistent with career interest assessment results (Section 4a) and the participant's stated occupational goal (Section 4c).
☐ Yes ☐ No
- d. **Is the training aligned with local labor market demand?** The occupational goal and proposed training program are consistent with in-demand sectors and occupations in the local or regional labor market.
☐ Yes ☐ No

Labor market evidence referenced:

- e. **Does the participant have supportive service needs that must be addressed to successfully complete training?**
☐ Yes ☐ No

If Yes, the needs should be addressed in the IEP and case file

2. ITA Training

Proposed Training Program:

Training Provider:

Is the Proposed Training Program & Provider are on ETPL? ☐ Yes ☐ No

Proposed Credential/Certification:

**The Mississippi Partnership
Individualized Career Services & Training Needs Determination**

Is this credential a recognized postsecondary credential under TEGL 10-16, Change 3? ☐ Yes ☐ No

Estimated Cost:

Estimated Duration:

3. OJT

Employer Name:

Target Occupation:

Existing Skills Assessment:

Skills Gap to be Addressed through OJT:

Estimated OJT Length:

Expected Wage:

B-6: IEP LINKAGE STATEMENT

This statement is mandatory before the IEP is finalized. It confirms that the assessment findings documented above directly inform the IEP's employment goals, services, and MSG pathway.

Career Interest & Goals Finding and IEP Application:

Assessment finding:

Therefore, the IEP includes:

Academic / Basic Skills Finding and IEP Application:

Assessment finding:

Therefore, the IEP includes:

Work History / Transferable Skills/ Occupational Skills Finding and IEP Application:

Assessment finding:

Therefore, the IEP includes:

**The Mississippi Partnership
Individualized Career Services & Training Needs Determination**

Employability Determination and IEP Application:

Assessment finding: _____

Therefore, the IEP includes: _____

Supportive Service Needs and IEP Application:

Assessment finding: _____

Therefore, the IEP includes: _____

MSG Pathway Identified: ☐ Yes ☐ No

If Yes, MSG Category:

- ☐ Attainment of a recognized postsecondary credential
- ☐ Documented achievement of at least one educational functional level
- ☐ Documented attainment of a secondary school diploma or equivalent
- ☐ Transcript or report card showing satisfactory progress
- ☐ Satisfactory or better progress toward established milestones from employer/training provider

Training Authorization Recommendation:

- ☐ **Approved** — All suitability criteria met; training may be provided
- ☐ **Conditionally Approved** — Criteria met pending: _____
- ☐ **Not Approved** — Training not appropriate at this time. Reason: _____

B-7: PART B CERTIFICATION

Participant Certification:

I certify that this assessment was completed with me, that I had the opportunity to ask questions and provide input, and that the information recorded reflects my honest responses.

Participant Signature: _____ Date: _____

WIN Job Center Staff Certification:

I certify that this assessment was conducted through a structured evaluation process that included an interview with the participant, review of available documentation, and administration of or reference to validated assessment instruments as identified above. I further certify that the findings documented here will directly inform the participant's Individual Employment Plan and, where applicable, the authorization of training services.

WJC Staff Signature: _____ Date: _____

The Mississippi Partnership Workforce Development Area

WIOA Youth Objective Assessment

Regulatory Authority: WIOA §129, 20 CFR 681.420, and TEGL 21-16 and related guidance.

Important Notice to Youth Staff

This document is required to be completed for all WIOA youth participants prior to the development of youth's Individual Service Strategy (ISS). It provides a review of the academic and occupational skill levels, as well as the service needs and strengths, of the youth for the purpose of identifying appropriate services and career pathways for participants. The youth's objective assessment must be directly used to develop the ISS.

The ISS is not a valid planning document unless it is directly informed by and traceable to the findings documented in this assessment. **A case note must be entered confirming that the ISS reflects these results.**

Results from a recent formal assessment completed by a partner program or accredited educational institution **within the last 6 months** may be substituted for locally administered instruments to avoid duplication, provided the results are on file, the instrument is identified, and the administering institution is documented.

**The Mississippi Partnership
WIOA Youth Objective Assessment**

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 of Evaluation	Youth Provider Staff Name:
---------------------------	-----------------------------------

B: EMPLOYMENT STATUS AT ENROLLMENT

Current Employment Status:

- ☐ Employed Full-Time
- ☐ Employed Part-Time (seeking additional or different employment)
- ☐ Unemployed – actively seeking work
- ☐ Not in the labor force

C: ACADEMIC AND BASIC SKILLS ASSESSMENT

1. Academic

Last High School Attended	
Highest Grade Completed <div style="display: flex; justify-content: space-around; font-size: 0.9em;"><input type="checkbox"/> 6<input type="checkbox"/> 7<input type="checkbox"/> 8<input type="checkbox"/> 9<input type="checkbox"/> 10<input type="checkbox"/> 11<input type="checkbox"/> 12</div>	Dates Attended
College Attended (If applicable)	
Major	Years Completed <div style="display: flex; justify-content: flex-end; font-size: 0.9em;"><input type="checkbox"/> 1<input type="checkbox"/> 2<input type="checkbox"/> 3<input type="checkbox"/> 4</div>

Indicate the types of Diplomas/Certificates the youth currently has:

- ☐ Received High School Diploma
- ☐ Received Certificate of Attendance/Completion (K-12)
- ☐ Received High School Equivalency (HSE) Diploma
- ☐ Received Associate's or Bachelor's Degree
- ☐ Received other Occupational Degree/Certificate (list below)

**The Mississippi Partnership
WIOA Youth Objective Assessment**

Credential Name	Issuing Organization	Date Received	Expiration

2. Basic Skills

The information contained in this section will be used to determine if the youth's English reading, writing, or math skills are at or below the 8th-grade level, or if they are unable to compute, solve problems, or speak English at a level necessary to function effectively on the job. Refer to the MPWDA Basic Skills Deficiency Policy for additional information.

Current GPA: _____ (ISY Only)

Complete this information if the participant has been assessed with TABE or WorkKeys within the last 6 months:

TABE Information:

	Scale Score	Grade Level	Date Taken
Reading			
Total Math			
Language			

WorkKeys Information

	Scale Score	Level	Date Taken
Applied Math			
Workplace Documents			

**The Mississippi Partnership
WIOA Youth Objective Assessment**

Complete the MPWDA Basic Skills Screening Tool below:

In-School Youth		Out-of-School Youth	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/> Below the 9 th grade level on acceptable standardized test (such as TABE) or school records	<input type="checkbox"/>	<input type="checkbox"/> Below the 9 th grade level on acceptable standardized test (such as TABE) or school records
<input type="checkbox"/>	<input type="checkbox"/> Has taken the ACT WorkKeys® Workplace Documents or Applied Math and scored below a Bronze Level on either test	<input type="checkbox"/>	<input type="checkbox"/> Has taken the ACT WorkKeys® Workplace Documents or Applied Math and scored below a Bronze Level on either test
<input type="checkbox"/>	<input type="checkbox"/> Scored below an 80 on the Work Ready Screening Tool for Youth	<input type="checkbox"/>	<input type="checkbox"/> Scored below an 80 on the Work Ready Screening Tool for Youth
<input type="checkbox"/>	<input type="checkbox"/> High School cumulative GPA is below a 2.5 on a 4.0 scale	<input type="checkbox"/>	<input type="checkbox"/> Lacks a high school diploma or its equivalent and is not enrolled in secondary (high) school*
<input type="checkbox"/>	<input type="checkbox"/> Has taken but not passed the State end-of-course exams in Algebra I, English II, Biology, or U.S. History		
<input type="checkbox"/>	<input type="checkbox"/> Taken the ACT test and any of the following applies: <ul style="list-style-type: none"> <input type="radio"/> English subscore below 18 <input type="radio"/> Reading subscore below 22 <input type="radio"/> Math subscore below 22 		

Note: If any question above is answered "Yes" the individual is considered basic skills deficient.

Is the youth basic skills deficient? ☐ Yes ☐ No

Case Manager Notes – Academic and Basic Skills Assessment:

D: WORK HISTORY, EMPLOYABILITY SKILLS, AND OCCUPATIONAL SKILLS

1. Work 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

**The Mississippi Partnership
WIOA Youth Objective Assessment**

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

2. Employability Skills

Indicate the method(s) used for employability skills assessment:

- ☐ Career Ready 101
- ☐ Skills to Pay the Bills Assessment
- ☐ Formal evaluation from partner / educational institution (within last 6 months)
- ☐ MPWDA Work Ready Screening Tool
- ☐ Staff-Rated Employability Assessment completed below
- ☐ Other: _____

Assessment Results / Notes:

3. Occupational Skills

Indicate the method used for occupational skills assessment:

- ☐ WorkKeys
- ☐ Occupational skills test administered by training provider
- ☐ Formal evaluation from partner / educational institution (within last 6 months)
- ☐ Structured interview — documented in D.1 and D.2 above
- ☐ Other: _____

Assessment Results / Notes:

Case Manager Notes – Work History, Employability Skills, & Occupational Skills:

**The Mississippi Partnership
WIOA Youth Objective Assessment**

E: CAREER INTEREST & CAREER GOALS

Indicate the method used to determine career interest:

- ☐ O*Net Interest Profiler
- ☐ Myers-Briggs Type Indicator
- ☐ Myers-Briggs Strong Assessment
- ☐ Career OneStop Assessment
- ☐ Holland Code Assessment
- ☐ Recent formal assessment from accredited institution (within last 6 months)
- ☐ Other validated instrument: _____
- ☐ Career interest identified through participant interview and career planning discussion (no formal assessment utilized)

Date Administered: _____

Career Interest Sectors (Mark top 3):

- ☐ Advanced Manufacturing
- ☐ Construction
- ☐ Energy
- ☐ Healthcare
- ☐ Information Technology
- ☐ Transportation/Logistics/Warehouse
- ☐ Education
- ☐ Business/Administration
- ☐ Public Service
- ☐ Other: _____

Preferred Work Environment:

- ☐ Indoors / office
- ☐ Outdoors / field
- ☐ Manual / trade / hands-on
- ☐ Healthcare / caregiving
- ☐ Remote / work from home
- ☐ No preference
- ☐ Other: _____

Preferred Work Schedule:

- ☐ Days
- ☐ Evenings/Nights
- ☐ Weekends
- ☐ Flexible/No Preference

Participant's Identified Occupational Goal	Target Industry
---	------------------------

Participant's Wage Expectation	Local Median Wage for Target Occupation
---------------------------------------	--

Case Manager Notes – Career Interests & Career Goals:

**The Mississippi Partnership
WIOA Youth Objective Assessment**

F: CHALLENGES TO EDUCATION OR EMPLOYMENT

Indicate the challenge(s) the youth has to education and/or employment:

- | | |
|--|--|
| <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"/> High School Dropout |
| <input type="checkbox"/> Foster Child (including aging foster child) | <input type="checkbox"/> Under Employed |
| <input type="checkbox"/> Has a Disability | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Health/Medical Problems | <input type="checkbox"/> Requires additional assistance to complete an education program |
| <input type="checkbox"/> Lacks High School Diploma or Equivalent | <input type="checkbox"/> Requires additional assistance to obtain or retain employment |
| <input type="checkbox"/> Lacks Transportation | |

Case Manager Notes – Challenges to education or employment:

G: SUPPORTIVE SERVICE NEEDS

Indicate Supportive Services that may be needed for successful participation in the WIOA Youth Program:

- ☐ Child Care Assistance
- ☐ Transportation Assistance
- ☐ Other Hardship Related Supportive Services
- ☐ Work-Related Items
- ☐ Educational Related Expenses
- ☐ Other: _____

Case Manager Notes – Supportive Service Needs (include any information about referrals for supportive services):

H: SUMMARY

1. Strengths and Assets

Provide a summary of the youth's strengths, talents, and interests:

**The Mississippi Partnership
WIOA Youth Objective Assessment**

2. Needs Summary

Based on this objective assessment, indicate the needs that were identified

Educational Needs: _____

Employment Needs: _____

Occupational Skills Needs: _____

Supportive Services Needs: _____

I: CERTIFICATION

I certify that this objective assessment was conducted through a structured interview and review of available participant information, and that the service needs identified above reflect the participant's current situation.

Participant Signature: _____ Date: _____

Staff Signature: _____ Date: _____

The Mississippi Partnership Workforce Development Area

WIOA Youth Individual Service Strategy

Regulatory Authority: WIOA §129, 20 CFR 681.420, and TEGL 21-16 and related guidance.

Important Notice to Youth Staff

The Individual Service Strategy (ISS) is a required component of the WIOA Youth program and serves as the primary planning document for each participant. It is developed between the youth and program staff following the completion of the objective assessment and is used to identify the participant's education, employment, and personal development goals. The ISS also outlines the specific services, activities, and program elements that will support the youth in achieving those goals, including short- and long-term milestones.

Staff is responsible for ensuring the ISS is individualized, based on the youth's strengths and needs, and updated as progress is made or goals change. This document should be used as a working guide throughout program participation to track progress, guide service delivery, and ensure alignment with WIOA program requirements and career pathway development.

The ISS must be reviewed and updated every 90 days while the youth is in the program or sooner if participant circumstances change. Regardless of when the last 90-day review occurred, a reassessment must be conducted and documented when a participant enrolls in a new training program or changes their training pathway.

**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:
-------------------------	-----------------------------------

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.

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

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"/>

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

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

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

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: _____

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

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: _____

The Mississippi Partnership Measurable Skill Gains Checklist

This checklist must be completed and scanned into Imaging for every Measurable Skill Gain (MSG) reported in MS Works for WIOA Adult, Dislocated Worker, or Youth participants.

Participant Name: _____

Indicate the type of MSG attained:

☐ Secondary (High School) Transcript/Report Card

Dates: _____
(mm/dd/yy – mm/dd/yy)

☐ Post-Secondary (College) Transcript/Grades

Dates: _____
(mm/dd/yy – mm/dd/yy)

☐ Knowledge Based Test

Type of Test: _____

Date Passed: _____
(mm/dd/yy)

☐ Training Milestone/Progress Report

Details: _____

- | | | |
|---|------------------------------|-----------------------------|
| 1. Does this MSG appear in the participant's IEP/ISS? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Did you verify the documentation provided meets acceptable reporting standards (i.e. participant name matches, if transcript dates are for appropriate timeframes, grades are complete, etc.)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you entered MSG into MS Works under the Measurable Skill Gains tab? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "No" to any of the above questions you should not submit this MSG to Imaging.