

CAREER PLANNING & INDIVIDUAL SERVICE STRATEGY

Name _____

CMS# _____

The ISS is a detailed, unique, individual strategy developed with each participant that outlines a road map towards a fulfilling and fruitful career. It is designed to be a living document, reviewed and updated on an ongoing basis.

BASIC EDUCATION SKILLS

Assessment

	Diagnostic Test	Pre-test Date	Score		Post-test Date	Score	Post-test Date	Score
Reading	CASAS							
Math	CASAS							

HSE/GED	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Year:
H.S. Diploma	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	H.S.:
Credit Deficient	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	#Credit deficient:
Active Individual Education Plan (IEP)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	School:
Grade Levels Completed	6 7 8 9 10 11 12 13				School:

Date	Educational Achievement Strategy
	Remedial Education (ie: Summer School)
	Instruction leading to High School Diploma/GED (May include tutoring, study skills training)
	Instruction leading to Post-Secondary Education

Basic Skill Goals & Attainment

Basic Skill Goal	Targeted Achievement Date	Achieved? Yes No Date	Comment

Examples of learning objectives or measurable basic skill gains:

- (1) an increase of one grade level in reading, math
- (2) a 5 point increase on the CASAS scale for reading or math
- (3) pass 1 or more of the General Educational Development tests,
- (4) attain high school credit or earn IAP
- (6) attain high school diploma or HSE (GED)
- (5) Other measurable skill gains (pass State standardized benchmark (Smarter Balance, EOC, WA St History, 5 yr plan)

WORK READINESS SKILLS

Career Exploration and Work Based training may be provided if participant lacks pre-employment and/or work maturity skills.

Pre-employment Skills Assessment

#	Skill Attainment Indicator	Demonstrates Skill	
		Yes	No
1	Making Career Decisions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Using Labor Market Information	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Preparing resumes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Filling out applications	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Interviewing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Plan:			

Work Maturity Assessment (Check all that apply)

	1. Has not worked full time for at least 90 calendar days with one employer during the past 5 years (excluding training programs). Verified by work history.
	2. Does not provide a written recommendation from a previous employer. Verified by observation.
	3. Has been fired from at least one job or has quit without notifying employer. Verified by work history or employer contact.
	Total Number of checks: (2 or more checks presume participant needs additional work maturity training).

Career Exploration & Work Based Training Plan

Activity & Training Site (WEX, Internship Project Learning, Pre Apprenticeship, etc)	Start Date	Targeted Achievement Date	Completed?		Manager Approval & Date
			Yes	No	

STRENGTHS & DEVELOPMENTAL NEEDS ASSESSMENT

List strengths and developmental needs of the participant identified during objective assessment.

STRENGTHS		Assessment Tool
1.		
2.		
DEVELOPMENTAL NEEDS		Assessment Tool
1.		
2.		

OCCUPATIONAL SKILLS

Occupational Skills Training may be provided in a demand occupation if participant lacks occupational skills in that area.

Assessment & Goals

Occupational Interests

Top three interest areas	Assessment Tool
1.	
2.	
3.	

Career Goals: Short term: _____
 Long term: _____

Occupational Training Plan

List the occupation or job title of training to be provided as a result of Career Decision Making and Labor Market research. This section does not need to be completed at the initial interview; it may be filled in at the time such decision is made.

Occupation/Job Title	Demand Occupation	Activity (OST/OJT/Apprenticeship)	Start Date	Completion Date	Outcome <small>(1) Successful Comp (2) Did not complete</small>	Manager Approval & Date
1.	<input type="checkbox"/> Yes					
2.	<input type="checkbox"/> Yes					
3.	<input type="checkbox"/> Yes					

SUPPORT SERVICES

Barriers to Employment	Referred to (Agency)	Date
<input type="checkbox"/> Child Care <input type="checkbox"/> Transportation		
<input type="checkbox"/> Food <input type="checkbox"/> Housing <input type="checkbox"/> Clothing		
<input type="checkbox"/> Medical / Dental / Optical		
<input type="checkbox"/> Offender <input type="checkbox"/> Substance Abuse		
<input type="checkbox"/> Family / Personal		
<input type="checkbox"/> Mental or Physical Disability		
<input type="checkbox"/> Language		
<input type="checkbox"/> Other		

Supportive Service Plan (WIOA funded)

- If needed as needed
- Budget Analysis completed (REQUIRED) and updated as necessary
- All other community resources have been explored and exhausted

ADDITIONAL SERVICES

Need for program services are assessed through personal interview and plan development.

Activity	Assessment Results	Plan & Provider
Mentoring		
Leadership Development		
Guidance & Counseling		
Financial Literacy		
Entrepreneurial Skills		
Post- Secondary Ed Transition		

Comments: _____

CUSTOMER RESPONSIBILITIES

I certify that I have actively participated in my assessment and the development of my Individual Service Strategy, and agree with the assessed need and plan for service. I feel I can achieve the expected results and I have received a copy of the plan for my records. I understand that the training assistance provided to me is for the purpose of obtaining and retaining employment related to my training. I understand that follow-up services are available for at least 12 months after I finish the program.

I agree with the planned goals and services outlined in my Individual Service Strategy (ISS). I am fully committed to taking the steps necessary to reach my educational, occupational and employment goals.

Customer Signature _____ Date _____

Career Advisor _____ Date _____