

Organization Name

Individualized Service Strategy

First Name: _____ Middle Name: _____ Last Name: _____

Phone: _____ Program: _____ Employment Goal: _____

Assessment/Background Information:

Education/Training: _____

Work Experiences: _____

Assessment: _____

Other Factors (Barriers/Strengths): _____

Plan of Action: _____

Recommended Services To Reach Goal:

All participants will receive career counseling and job placement assistance.

The participant also needs:

	Expected Completion Date	Actual Completion Date
_____ Assessment	_____	_____
_____ Basic Skills/GED	_____	_____
_____ Classroom Training	_____	_____
_____ Job Search Class/Job Club	_____	_____
_____ OJT (Subsidized Work Experience)	_____	_____
_____ Other	_____	_____
_____ Referrals To: _____	_____	_____

Support Services Needed: _____ Child Care _____ Transportation _____ Miscellaneous

(As funding allows)

Classroom Training Assistance Needed: _____ Tuition _____ Books _____ Fees

(As funding allows)

Future Employment Goal & Outlook

Descriptive Employment Goal:

Expected Starting Salary:

\$ _____ Hourly Annual

Current Labor Market Information (LMI) for this occupation:

Percent Change: **Please attach current LMI.**

What specific skills are needed to help you meet your employment goal?

Participant Responsibilities:

Classroom Training Requirements:

- 1. Provide Financial Report (Budget and FAFSA)
- 2. Provide Documented Copy of Grades*
- 3. Provide Copy of Credential Upon Completion
- 4. Attendance _____
- 5. Report Changes in Financial or School Status
- 6. Obtain Career Planner approval prior to any change in course of study
- 7. Meet with Career Planner Each Month
- 8. Other _____

Other Responsibilities: _____

I have read this plan and agree to work with the WorkForce Center staff to reach my goal. I understand services may be withdrawn if I do not fulfill my responsibilities as listed above.

Participant Signature _____ Date _____

Counselor Signature _____ Date _____

Change in Plans: _____

Participant Signature _____ Date _____

Counselor Signature _____ Date _____

Change in Plans: _____

Participant Signature _____ Date _____

Counselor Signature _____ Date _____

Change in Plans: _____

Participant Signature _____ Date _____

Counselor Signature _____ Date _____

*Participant must maintain at least a "C" average and not be on academic probation in order to maintain funding eligibility.