

ORANGE COUNTY WORKFORCE DELIVERY AREA

OBJECTIVE ASSESSMENT/INDIVIDUAL SERVICE PLAN (YOUTH)

WIA SEC. 129 (c) (1) (B)

NAME: _____ CASE MANAGER: _____

SSN: _____ DATE: _____

AGE: _____

PROGRAM OBJECTIVE: To create 'best' learning experiences for youth by enhancing their academic potential and long term employability.

OBJECTIVE ASSESSMENT

EDUCATIONAL HISTORY

Current Grade Level: 8th 9th 10th 11th 12th Diploma/GED College

School Attending: Comprehensive Alternative Education Community College
 Drop-Out

Communication Skills: Limited Average Good Excellent

Primary Language: English Other: _____

BASIC SKILLS

Assessment Tool: CASAS ABLE TABE WRAT OTHER _____

Grade Level Scores: Reading _____ Math _____ Re-mediation Needed: Yes No

Re-mediation Plan: _____ Start Date _____ End Date _____

Assessment Recommendation: _____

WORK HISTORY – PAID AND VOLUNTEER

EMPLOYER	POSITION/DUTIES	EMPLOYMENT DATES	WAGE
1.			
2.			
3.			
4.			

LABOR MARKET AWARENESS

Career Interests: _____

Youth will research occupation by utilizing the following:

- Library
 School Resource Center
 Internet
 One Stop Center
 Employer Contact
 Other _____

<p>Non-traditional Jobs for Men and Women</p>	<p><input type="checkbox"/> Youth <u>is</u> interested in training for non-traditional employment opportunities.</p> <p>Non-traditional employment interest: _____</p> <p><input type="checkbox"/> Youth <u>is not</u> interested in training for a non-traditional occupation</p> <p><input type="checkbox"/> Youth needs more information</p> <p>Information Given: <input type="checkbox"/> Verbal <input type="checkbox"/> Written Date: _____</p>
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INDIVIDUAL SERVICE PLAN

ADDRESSING AND OVERCOMING BARRIERS

This Plan is prepared jointly with the Youth.

I. Family Living Issues

Date Plan Prepared: _____

	PLANNED ACTIVITY	PROVIDER	PROGRESS/UPDATES	DATES
<input type="checkbox"/> Single Parent				Start: End:
<input type="checkbox"/> Soon to be Parent				Start: End:
<input type="checkbox"/> Lack of Child Care				Start: End:
<input type="checkbox"/> Child Abuse				Start: End:
<input type="checkbox"/> Family Drug/Alcohol				Start: End:
<input type="checkbox"/> Living in Foster Home/Group Home				Start: End:
<input type="checkbox"/> Other				Start: End:

II. Behavioral Considerations

	PLANNED ACTIVITY	PROVIDER	PROGRESS/UPDATES	DATES
<input type="checkbox"/> Gang Affiliation				Start: End:
<input type="checkbox"/> Substance Abuse				Start: End:
<input type="checkbox"/> Ex-Offender				Start: End:
<input type="checkbox"/> Pregnant/Parenting				Start: End:
<input type="checkbox"/> Run-Away				Start: End:
<input type="checkbox"/> Homeless				Start: End:
<input type="checkbox"/> Other				Start: End:

III. Educational & Employment Barriers

	PLANNED ACTIVITY	PROVIDER	PROGRESS/UPDATES	DATES
<input type="checkbox"/> Basic Skills Deficient				Start: End:
<input type="checkbox"/> School Drop-Out				Start: End:
<input type="checkbox"/> Alternative School				Start: End:
<input type="checkbox"/> Deficient in occupational skills				Start: End:

Based on the Youth's Assessment, the following services will be provided:

ACTIVITY	DESCRIPTION OF ACTIVITY	FUNDING SOURCE/PARTNER	OUTCOME	OUTCOME ATTAINED/DATES
<input type="checkbox"/> Tutoring, Study Skills Training				<input type="checkbox"/> Yes <input type="checkbox"/> No Start: End:
<input type="checkbox"/> Alternative School Services				<input type="checkbox"/> Yes <input type="checkbox"/> No Start: End:
<input type="checkbox"/> Summer Employment				<input type="checkbox"/> Yes <input type="checkbox"/> No Start: End:
<input type="checkbox"/> Occupational Skills Training				<input type="checkbox"/> Yes <input type="checkbox"/> No Start: End:
<input type="checkbox"/> Paid/Unpaid Work Experience				<input type="checkbox"/> Yes <input type="checkbox"/> No Start: End:

ACTIVITY	DESCRIPTION OF ACTIVITY	FUNDING SOURCE/PARTNER	OUTCOME	OUTCOME ATTAINED/DATES	
<input type="checkbox"/> Leadership Development				<input type="checkbox"/> Yes Start: End:	<input type="checkbox"/> No
<input type="checkbox"/> Support Services				<input type="checkbox"/> Yes Start: End:	<input type="checkbox"/> No
<input type="checkbox"/> Adult Mentoring				<input type="checkbox"/> Yes Start: End:	<input type="checkbox"/> No
<input type="checkbox"/> Follow Up Services				<input type="checkbox"/> Yes Start: End:	<input type="checkbox"/> No
<input type="checkbox"/> Comprehensive Guidance & Counseling				<input type="checkbox"/> Yes Start: End:	<input type="checkbox"/> No

**Note: All youth must receive either Leadership Development opportunities or Adult Mentoring.
All youth must receive 12 months of follow-up services.**

SETTING AND ACHIEVING GOALS

BASIC SKILLS GOALS (Required if Basic Skills Deficient)	DATE GOAL SET	DATE GOAL ACHIEVED
1)		
2)		
3)		

WORK READINESS SKILLS GOALS	DATE GOAL SET	DATE GOAL ACHIEVED
1)		
2)		
3)		

OCCUPATIONAL SKILLS GOALS	DATE GOAL SET	DATE GOAL ACHIEVED
1)		
2)		
3)		

- Note: a) Goals must be achieved within 12 months of the date the goal was set.
 b) Minimum of One Goal/Maximum of 3 Goals per year.
 c) Any combination of 'skill' goals may be set.

CASE MANAGER'S SIGNATURE
 (optional)

PARTICIPANT'S SIGNATURE
 (optional)

PROJECTED OUTCOMES

(Youth Ages 14-18)

- ___ Attainment of Basic Skills
- ___ Attainment of Job Readiness Skills
- ___ Attainment/Occupational Skills
 Type/Occup. Skills _____
- ___ Attainment H.S. Diploma/GED

___ Entry in Post Secondary Ed. or advanced training or placement in military service, employment or qualified apprenticeship

Type: _____

___ Retention Post Secondary Ed., advanced training (6 mos. after entry)

___ Retention in military service, employment or qualified apprenticeship (6 mos. after entry)

(Youth Ages 19-21)

___ Entry into unsubsidized employment

Employer: _____

Date Employed: _____

Entry Wage: _____

___ Unsubsidized job retention (6 mos. after entry)

___ Earnings received in unsubsidized employment (6 months after entry)

Earnings: _____

___ Attain credential relating to achievement of educational skills

Credentials: _____

SUPPORTIVE SERVICES/LINKAGES TO COMMUNITY SERVICES

Supportive Services Needed: Yes No Referred to Other Agency Referred to One Stop Center

DATE	AMOUNT (Optional for Referrals)	ITEM	PROVIDER/PARTNER
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			

Comments: _____

