

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?
