

 New Revision

**WORKFORCE INVESTMENT ACT TITLE I-B YOUTH PROGRAM**  
**INDIVIDUAL SERVICE STRATEGY**

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Program: \_\_\_\_\_

This plan describes the overall service strategy to assist you in reaching your program goals. It will be developed with your Case Manager.

Element	DOL Recognized Youth Skills to be Acquired	Activities	MIS Activity Code	Start/End
Tutoring, Basic Skills Training, Remediation	<input type="checkbox"/> Basic Skills		A <input type="checkbox"/> <input type="checkbox"/>	
Alternative Education Services	<input type="checkbox"/> Basic Skills		A <input type="checkbox"/> <input type="checkbox"/>	
Summer Employment	<input type="checkbox"/> Work Readiness Skills <input type="checkbox"/> Occupational Skills		S O <input type="checkbox"/>	
Paid or Unpaid Work Experience	<input type="checkbox"/> Work Readiness Skills <input type="checkbox"/> Occupational Skills		E W <input type="checkbox"/>	
Occupational Skills Training	<input type="checkbox"/> Work Readiness Skills <input type="checkbox"/> Occupational Skills		O <input type="checkbox"/> <input type="checkbox"/>	
Leadership Dev./Comm. Service	<input type="checkbox"/> Work Readiness Skills		C <input type="checkbox"/> <input type="checkbox"/>	
Guidance, Mentoring, and Counseling	<input type="checkbox"/> Work Readiness Skills		M C S	
Job Placement	<input type="checkbox"/> Work Readiness Skills		U E R	
Case Management	<input type="checkbox"/> Work Readiness Skills			
Supportive Services	Does Not Apply			
Follow Up	Does Not Apply			
Other	Does Not Apply			

*I have met with my Case Manager and agree to the above service strategy.*

\_\_\_\_\_  
Participant Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Staff Signature\_\_\_\_\_  
Date