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November 16, 2015

TO: All Young Adult Service Providers of the Orange County Workforce Investment Area

FROM: Andrew Munoz 
Community Investment Division Administrator/
Workforce Investment Board Executive Director

SUBJECT: **WIOA Young Adult Individual Service Plan (ISP)**
Individual Initial Assessment
Information Notice No. 15-OCWDA-04
Supersedes Information Notice No. 10-OCWDA-10

PURPOSE:

The purpose of this notice is to notify all Workforce Innovation and Opportunity Act (WIOA) Young Adult service providers of the Orange County Workforce Investment Area's revised WIOA Individual Service Plan (ISP).

Note: This policy is being issued pending the release of WIOA final regulations and future policy guidance issuances by the DOL and the State that impact the Young Adult ISP. At such time, if there are substantial changes, a final Young Adult ISP policy will be issued; otherwise this policy stays in effect.

EFFECTIVE DATE:

This policy is effective on the date of issuance.

REFERENCES:

- Workforce Innovation and Opportunity Act (WIOA) Section 129(c)(1)(B)
- Workforce Innovation and Opportunity Act; Notice of Proposed Rulemaking; Proposed Rules 20 CFR 681 (Youth Activities Under Title I of the WIOA), April 16, 2015

BACKGROUND:

The WIOA requires that funds allocated for eligible young adults shall be used to carry out programs that develop, and update as needed, an individual service strategy for each young adult participant that is directly linked to one or more indicators of performance described in WIOA sec. 116(b)(2)(A)(ii), that identifies appropriate career pathways, that include education and employment goals, that considers career planning and the results of the objective assessment and that prescribes achievement objectives and services for the participant.



ORANGE COUNTY
WORKFORCE INVESTMENT
BOARD

1300 SOUTH GRAND
BLDG. B, THIRD FLOOR
SANTA ANA, CA 92705
PHONE: 714.480.6500
FAX: 714.834.7132



POLICY AND PROCEDURES:

All service providers will complete the initial assessment of each young adult participant and develop an ISP for each young adult participant based on the results of the initial assessment.

1. All service providers shall ensure that ISPs are jointly developed by the participant and career planner, completed correctly and reviewed by the career planner, and regularly updated (as needed).
2. Regular updating includes the review and documentation of participant's progress, completion of activities, goal/benchmarks attainment, changes/updates related to the initial assessment, and all other accomplishments.
3. The initial assessment and individual service plan shall always be kept in the participant file.
4. Activity Code 413 (Develop Individual Service Plan) shall be coded in CalJOBS, updated during participation in the program, and closed on the actual end date of the service.
5. Completion of the ISP and any succeeding updates shall be appropriately documented in the case notes.
6. A copy of the completed (or updated) and signed ISP shall be given to the participant.

ACTION:

All WIOA Young Adult service providers of the Orange County Workforce Investment Area will implement the use of the new Initial Assessment and ISP.

INQUIRIES:

If you have any questions, please contact appropriate contract administration staff at 714-480-6500.

ATTACHMENTS:

Attachment I - WIOA Young Adult Initial Assessment and ISP
Attachment II - Instructions



**Orange County Workforce Investment Board
WIOA Young Adult – Initial Assessment**

PARTICIPANT NAME		APPLICATION #	AGE AT PARTICIPATION
ENROLLMENT DATE	DATE ISP DEVELOPED	CAREER PLANNER	
EDUCATION STATUS			
<input type="checkbox"/> In-School <input type="checkbox"/> Student, attending HS or less <input type="checkbox"/> Alternative School <input type="checkbox"/> Community College <input type="checkbox"/> University <input type="checkbox"/> Other:		<input type="checkbox"/> Out-of-School <input type="checkbox"/> HS Graduate with Diploma <input type="checkbox"/> HS Proficiency <input type="checkbox"/> GED <input type="checkbox"/> Drop-Out <input type="checkbox"/> Adult Education/Youth Build/Job Corps	
Name of School:		Last School Attended:	

NOTE: THIS SECTION IS TO BE COMPLETED BY THE PARTICIPANT.

GOALS

What are your short-term goals (what do you want to achieve in the next 12 months such as completing your high school diploma, start college, or getting a job)?

What are your long-term goals for education and career (next 5 to 10 years)?

WORK, INTERNSHIP & VOLUNTEER HISTORY

From	To	Employer	Wage	Job Title
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Duties

From	To	Employer	Wage	Job Title
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Duties

EMPLOYABILITY SKILLS (i.e. flexibility, teamwork, dedication, etc.)

OCCUPATIONAL/CAREER INTERESTS

Self-Reported Interests

BASIC SKILLS

Skill	Pre-Test Date	Post-Test Date	Post-Assessment Results
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Orange County Workforce Investment Board WIOA Young Adult - Individual Service Plan

NOTE: THIS SECTION IS TO BE COMPLETED BY THE CAREER PLANNER.

PLANNED PERFORMANCE GOALS

- | | | |
|---|---|---|
| <input type="checkbox"/> Placement in Employment/Education/Training | <input type="checkbox"/> Credential Rate | <input type="checkbox"/> Employer Effectiveness
<small>(still TBD—pending issuance of Final Rules)</small> |
| <input type="checkbox"/> Median Earnings | <input type="checkbox"/> Measurable Skills Gain | |

LABOR MARKET INFORMATION (LMI) & CAREER PATHWAYS

Conducted LMI research and attained knowledge of:

- | | |
|---|---|
| 1. <input type="checkbox"/> Yes <input type="checkbox"/> No Labor market trends | 3. <input type="checkbox"/> Yes <input type="checkbox"/> No Training/education requirements |
| 2. <input type="checkbox"/> Yes <input type="checkbox"/> No Required skills | 4. <input type="checkbox"/> Yes <input type="checkbox"/> No Wage match requirements and information |

Targeted Occupation

Industry Sector

Desired Occupation is In-Demand

- Yes No

Desired Industry Sector is a Priority Sector

- Yes No

Assessment Used

Date Assessment Completed

Planned Services Tied to Career Pathway Identified

NON-TRADITIONAL EMPLOYMENT

The US Department of Labor defines non-traditional occupations as jobs in which either men or women comprise 25% or less of a field of work.

- Orientation of non-traditional occupations completed on: _____
- Participant is interested in non-traditional occupation (identify): _____
- Participant is NOT interested in non-tradition occupation.
- Participant requested more information on (identify occupation): _____

BARRIERS IDENTIFIED

- | | | |
|---|---|--|
| <input type="checkbox"/> Deficient in Basic Literacy Skills | <input type="checkbox"/> English Language Learner | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Deficient in Occupational Skills | <input type="checkbox"/> Offender | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> High School Drop-Out | <input type="checkbox"/> Gang Affiliated | <input type="checkbox"/> Pregnant / Parenting |
| <input type="checkbox"/> Foster / Emancipated | <input type="checkbox"/> Homeless / Runaway | <input type="checkbox"/> Substantial Cultural Barriers |

Other Barriers Identified:

SUPPORTIVE SERVICES (Refer to OCWIB Information Notice on Supportive Services)

Need	Check One	Explain
Transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Books and School Supplies	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Certificates/Licenses/Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Childcare	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clothing/Shoes/Uniforms	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Food	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Health Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hotel/Motel	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tools/Professional Supplies	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify:)	<input type="checkbox"/> Yes <input type="checkbox"/> No	



**Orange County Workforce Investment Board
WIOA Young Adult - Individual Service Plan**

PLANNED SERVICES

List the planned services for the participant using their assessment outcomes, test scores, identified barriers, educational and career goals. Be specific in what service, why the service is being provided, and the outcome. Program activities should be designed consistent with the participant's career pathway and to meet the performance outcomes.

Barrier Identified <i>(Refer to Page 2)</i>	Planned Service(s) to Overcome Barrier <i>(include start date and why activity is needed to overcome barrier)</i>	Who/What Agency Will Provide the Services	Outcome(s) Achieved <i>(Include dates of significant achievements and completion of goals)</i>



**Orange County Workforce Investment Board
WIOA Young Adult - Individual Service Plan**

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List the planned services for the participant using their assessment outcomes, test scores, identified barriers, educational and career goals. Be specific in what service, why the service is being provided, and the outcome. Program activities should be designed consistent with the participant's career pathway and to meet the performance outcomes.

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**Orange County Workforce Investment Board
WIOA Young Adult - Individual Service Plan**

PROGRAM AGREEMENT

I, _____, took part in completing/developing this Individual Service Plan (ISP) with my Career Planner. I have reviewed the initial assessment with my Career Planner and understand and support the recommended goals, outcomes and/or planned services. I understand that the information will be used as a guide in designing program services and activities during my participation in the program. As a participant of the OC Young Adult Program, I was made aware of and agree to the following:

1. To immediately notify my Career Planner if I change my address, phone number, or email address;
2. To maintain regular communication with my Career Planner (at least once per month);
3. To update my Career Planner of any changes in my employment/education status; and submit appropriate documents (such as diploma, paystub, certificates, etc.);
4. To participate in 12 months of additional services and activities such as: guidance and counseling; educational opportunities; supportive services; referrals to partner agencies; tutoring; and, work experience. These services and activities will help me retain employment, continue my education or obtain a degree/certificate.

Participant Signature

Date

Career Planner (Print Name/Signature)

Date



Orange County Workforce Investment Board

DIRECTIONS FOR COMPLETING THE WIOA YOUNG ADULT – INITIAL ASSESSMENT & INDIVIDUAL SERVICE PLAN

Page 1

- 1) At the top of the form fill in the Participant's name, application number, age at participation, enrollment date, date the ISP was developed and the Career Planner's name.
- 2) In the **Education Status** section, enter the education status of the Participant at enrollment. If In-School, indicate the name of the school. If Out-of-School, indicate the last school attended.
- 3) In the **Goals** section, list and describe the short-term and long-term goals set by the Participant. Goals must be specific, measurable, attainable, relevant, and time-limited. This section is to be completed by the Participant; it can be in conjunction with the Career Planner.
- 4) Complete the **Work, Internship and Volunteer History** section with the Participant's most recent work, internship and/or volunteer history.
- 5) Complete the **Employability Skills** section indicating what skills the Participant possesses. O*Net provides a good list of skills.
- 6) Complete the **Occupational/Career Interests** section indicating the Participant's self-reported interests.
- 7) Complete the **Basic Skills** section indicating the level of Basic Skills the Participant possesses. Indicate the pre-test and post-test dates, as well as the post-test assessment results.

Page 2

- 8) In the **Planned Performance Goals** section, check the applicable planned performance goals for the Participant.
- 9) In the **Labor Market Information & Career Pathways** section. Check Yes or No for the selections listed. Identify the targeted occupation the Participant selected. Select the applicable OC industry sector from the dropdown menu. Check Yes or No if the occupation is in-demand and if the industry sector is an OCWIB priority sector. List the assessment utilized to help the Participant select the desired occupation. Identify the date the assessment was completed. Describe the planned services tied to the career pathway identified.



Orange County Workforce Investment Board

DIRECTIONS FOR COMPLETING THE WIOA YOUNG ADULT – INITIAL ASSESSMENT & INDIVIDUAL SERVICE PLAN

- 10) Complete the **Non-Traditional Employment** section. The US Department of Labor defines non-traditional occupations as jobs in which either men or women comprise 25% or less of a field of work. Check the applicable box and indicate a date or specify the occupation(s), if necessary.
- 11) In the **Barriers Identified** section, check all of the applicable barriers identified. If the barrier(s) is not listed, indicate the barrier(s) in the Other Barriers Identified box. Refer to the latest OCWIB Information Notice on Additional Barriers if the barrier(s) are not listed. These barrier(s) should match the MIS Application form/CalJOBS Application.
- 12) In the **Supportive Services** section, indicate the type of supportive services needed by checking Yes or No. If yes, explain why it is needed.

Pages 3 and 4

- 13) In the **Barrier Identified** section, indicate the respective barrier identified that is listed on Page 2 of the ISP.
- 14) Indicate the **Planned Service(s) to Overcome Barrier**. Include the start date(s) and why the activity or activities are needed to overcome the barrier.
- 15) Indicate **Who/What Agency Will Provide the Services**. This could be through the Provider or through a referral.
- 16) Specify the **Outcome(s) Achieved** for each barrier. Include dates of significant achievements and completion of goals. This should be updated throughout program participation.



Orange County Workforce Investment Board

DIRECTIONS FOR COMPLETING THE WIOA YOUNG ADULT – INITIAL ASSESSMENT & INDIVIDUAL SERVICE PLAN

EXAMPLE:

Barrier Identified <i>(Refer to Page 2)</i>	Planned Service(s) to Overcome Barrier <i>(include start date and why activity is needed to overcome barrier)</i>	Who/What Agency Will Provide the Services	Outcome(s) Achieved <i>(include dates of significant achievements and completion of goals)</i>
Deficient in Occupational Skills	<u>NRF CERTIFICATION</u> <u>July 6, 2015</u> NRF Certification will provide participant training in customer service.	ABC Provider	<u>July 9, 2015</u> Completed NRF
	<u>WORK EXPERIENCE (WEX)</u> <u>July 15, 2015</u> WEX will provide participant occupational skills training.	123 Stores	<u>July 15, 2015</u> Started WEX at 123 Stores <u>October 1, 2015</u> Completed WEX at 123 Stores

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- 17) Print the Participant's name and the Participant and Career Planner must date and sign the Program Agreement once completed.

Page 6

- 18) In the Closure/Exit & Post-Exit Follow-up Services section, include the date of closure/exit and check off the applicable box how the participant was closed/exited. If a reason is required, complete the reason.
- 19) Complete the Post-Exit Follow-up Services section with the date and post-exit service(s) provided to the Participant in follow-up. Follow-up services must be provided as appropriate for participants, for up to 12 months after exit date. Follow-up services may be different for each individual based on his or her individual needs. Follow-up services are more than a contact attempted or made to gather information for reporting purposes because follow-up services provide the necessary support to ensure the success of young adults post-program. Counseling about the work place is an appropriate type of follow-up service.

The Participant shall receive a copy of all pages of the *Initial Assessment, Individual Service Plan (ISP) and Program Agreement* or their records. The *Initial Assessment, ISP and Program Agreement* shall be filed in the case file.

