

\_\_\_ MYP

\_\_\_ WIOA ISY

\_\_\_ WIOA OSY

\_\_\_ Texting Approved

Anoka County Empowers Program

Individual Service Strategy Plan and Goals

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Legal Nam**e:** Counselor:

Based on our assessment of your education and employment needs, the following achievement objectives have been set and a combination of services will be provided to help you reach your goals.

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| **Career Goals** |

Career Pathway Goal:

Labor Market Information for Long Term Job Goal: LMI Print-off in file

LMI Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Collection Date:

 Projected Job Outlook: Median Wages:

 Required Education:

 Similar Job Titles:

S.D.S. Assessment:

 Matching Careers: 1)

 2)

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| **Education Goals** |
| **TABE Results:** Reading – E M D A \_\_\_\_\_\_\_\_\_\_ Math – E M D A  |

Do you have a High School Diploma/GED?  Yes  No If Yes, Graduation Date:

 If No, Current Grade:

**Education Goal:**

Name of School:

Title of Program: WIOA Certified

Start Date: Expected Date of Graduation:

* Complete “Training Packet” – Date Approved:
* Tutoring/ study skills services:
* + I must turn in proof of my school attendance each month to my counselor.
	+ I must turn in a copy of my grades each quarter/semester.
	+ Upon completion of training, I will provide a copy of my certificate, diploma, or license.

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| **Job Search Activities** |

Current Job Goal:

* Active Job Search**:**  Projected/Start Date Completion Date
	+ Apply for \_\_\_\_\_\_ Jobs each week \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Submit Job log to counselor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Attend Workshops:
	+ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Work Readiness:
	+ Resume \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Cover Letter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* When I start a job, I will tell my counselor the Employer’s name, job title, wage, start date, and # of hours/week.

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| **Work Experience/Internships** |
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Work Experience Goal:

* **Paid Work Experience/Internship** (*see ISS Placement Page for details*):

Start date: Expected Completion Date:

 **Evaluations** Sent Date Completion Date Score

* + *30-day Evaluation:* / 40
	+ *90-day Evaluation:* / 40
	+ *Additional Evaluation:* / 40
* If I cannot go to work, **I will call my supervisor and counselor before my start time**.
* I understand that I may be terminated from my worksite for any of the following reasons:
* Showing up late or missing work, not following reasonable directions by my worksite supervisor
* Theft or turning in fraudulent time sheet
* Inappropriate behavior on the job like under the influence or in possession of alcohol or drugs
* Poor attendance or grades in school, if in approved training
* **On the Job Training:** List Employer, job title, and dates of OJT

 Employer: Dates:

Job Title: Wage: Hours/week:

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|  **Employment** |

 Employer: Dates:

Job Title: Wage: Hours/week:

 **Employment (updated)**

 Employer: Dates:

 Job Title: Wage: Hours/week:

 **Employment (updated)**

 Employer: Dates:

 Job Title: Wage: Hours/week:

**Military**:

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| **Next Steps** |

1.

 Date Start: Date Complete:

1.

 Date Start: Date Complete:

1.

 Date Start: Date Complete:

1.

 Date Start: Date Complete:

1.

 Date Start: Date Complete:

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|  **Additional Services to Support Your Plan** |

* Transportation Assistance
* Support Services as needed & budget allows
* Incentives – Provided list of incentives
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Leadership Development
* Mentoring
* Budgeting
* Self-Employment Information
* Counseling Services

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| **Agencies/Providers That You Are Currently Working With**Examples: VRS, School Work Coordinator, Counselor, Social Worker, MFIP/SNAP Counselor, Psychologist |

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| **Staff Name, Agency & Role** | **Phone** | **Release?** |
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| **Your Responsibilities** |

\_\_\_\_ I agree to stay in contact with my counselor at least once a month.

\_\_\_\_ I agree to inform my counselor if my phone number, address or situation changes.

\_\_\_\_ I agree to work toward successfully completing my goals outlined in this plan.

\_\_\_\_ I give my counselor permission to initiate text messages with me.

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| **Your Counselors Responsibilities** |



 I will monitor your progress and provide career guidance and individualized counseling.



 I will assist you with job placement and provide support services as funds allow.

 I will provide follow-up and support for a minimum of one year after you exit the program.

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| **By signing this, I agree to this plan**.  Customer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Counselor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Updated Signature:

 Customer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Counselor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anoka County **Empowers** Incentives



Target Gift Cards are issued for achieving the following:

* Completing & passing all your GED pre-tests = $ 25.00

Must provide written verification

* Earning your GED = $ 25.00

Must provide copy

* Earning your High School Diploma = $ 50.00

Must provide copy

* Securing Employment = $ 50.00

Must be employed at least 30 hours per week.

Must provide pay statement to verify

* Post- Secondary Education Credential = $ 50.00

Must provide a copy of credential earned.

Example: AA Degree or CNA

* Remained Employment = $ 50.00
* Must be employed during the 4th quarter after we close your file.
* Must provide pay statement to verify