

**GLOW WORKFORCE DEVELOPMENT BOARD POLICY  
UNDER THE WORKFORCE INNOVATION OPPORTUNITY ACT (WIOA)**

**NAME OF POLICY:** GLOW Youth Individual Services Strategy (ISS) Policy

**GLOW WDB APPROVAL DATE:** 5/17/06, 1/15/19

**AMENDED EFFECTIVE DATE:** January 15, 2019

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**POLICY:** The Individual Service Strategy (ISS) is a written plan of long and short-term goals addressing educational, occupational or vocational, and personal support service needs. The ISS must be age-appropriate, developed with each participant and linked to both the program elements (Services) needed and targeted performance outcomes for each youth. The ISS must be regularly reviewed and updated as changes occur in employment goals, barriers, program services or support service needs. This is easily accomplished by using OSOS. All Youth Contractors must utilize the GLOW WDB ISS.

**PROCEDURE:**

- 1) All youth must have an ISS developed and completed with youth signature and legal guardian for minor youth prior to enrollment.
- 2) ALL GLOW ISS's must be kept in the participant file.
- 3) Rights of timely and reasonable access to records must be granted to USDOL, the Comptroller General of the United States, NYSDOL, Grant Recipients, Fiscal Agents or any of their authorized representatives to make audits, examinations, excerpts and transcripts as they deem necessary. This right also includes timely and reasonable access to a recipient's personnel file for the purpose of interview and discussion related to such documents. **TA16-2**
- 4) The use of correction fluid makes it impossible to see what was previously written. Pencil can be altered. Therefore neither of these meets the requirement of ensuring that "the method used ensures that the security safeguards and protections are sufficient for the records to be accepted by a court as evidence." If an error on customer records should occur, cross out errors with a single line and initial.
- 5) All sections of the ISS must be completed and these include: **CONTACT INFO:** Name, phone, Counselor/Case Manager, Provider, OSOS NY ID#, Date, IS/OS, Enrolling Barrier. **ASSESSMENT:** Resume Y or N, Work History, Occupational Skills, Education/Training, Career Interests/Aptitudes/Abilities. Basic Skills Assessment, Career Zone completed and filed in record (required through 6/30/2019); Other Assessments Used: **ASSESSMENT for SUPPORTVE SERVICES: state how they were assessed, what type of supportive services if in need or if not in need. GOALS:** Check elements used only when they are provided, complete first 3 goals/services including dates.

- 6) Once all sections have been completed, both the counselor and participant will sign the completed document. The signature attests the following:

*I have developed this Individualized Service Strategy with the Counselor whose signature appears below. I understand and accept this plan. I understand that I am largely responsible for the success of this plan and commit to doing all things needed, including requesting assistance from staff, to ensure that I will be successful in achieving my employment and training goals. I understand my personal responsibilities to help support myself and for the repayment of any education or training loans. I have reviewed the follow-up policy that will begin upon completion of my active services and will last for a minimum of 1 year. I understand that this is not a legal document and does not create entitlement to services nor does it guarantee services.*

- 7) As updates occur the Case Manager will add a case notes in the comment section of OSOS regarding what update has occurred. If a new service is offered, staff will make every attempt to enter the Achievement Objective and Service before COB that day - staff must enter the data within 5 days. Once the data entry has been made staff will print out a copy from OSOS and staple it to the paper ISS in the file. This can be achieved by going to the Achievement Objective screen and selecting the print button. The copy will have a place for the youth to sign and must capture the signature. If this is done during Follow-up services, no achievement objective is necessary. Staff then will enter an ISS service update into OSOS.

ATTACHMENT - GLOW ISS



Genesee, Livingston, Orleans & Wyoming  
Workforce Development Board  
(GLOW WDB)

# Individual Service Strategy

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

OSOS #: NY

Phone: \_\_\_\_\_

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

Counselor: \_\_\_\_\_

Youth: IS OS

Provider: \_\_\_\_\_

Enrolling Barrier: \_\_\_\_\_

## Assessment:

Resume: Yes  No

Work History: \_\_\_\_\_

Occupational Skills: \_\_\_\_\_

Education/Training: \_\_\_\_\_

Career Interests/Aptitudes/Abilities: \_\_\_\_\_

Test Results/Basic Skills Deficient Y/N: \_\_\_\_\_

Career Zone Complete and filed in record: Yes  No *(Required through 6/30/19)*

Other Assessment Results: \_\_\_\_\_

## Supportive Services

Need	Recommended Services	Referral

**Goals:** (List at least 1 goal for client. Goals should be based on assessment results and should address career pathways.)

Please indicate below the priority/order of services.

- |  |   |
|--|---|
| <input type="checkbox"/> Tutoring and Study Skills Training<br><input type="checkbox"/> Alternative Secondary School<br><input type="checkbox"/> Work Experience<br><input type="checkbox"/> Occupational Skill Training<br><input type="checkbox"/> Leadership Development Activities<br><input type="checkbox"/> Adult Mentoring<br><input type="checkbox"/> Comprehensive Guidance and Counseling | <input type="checkbox"/> Supportive Services<br><input type="checkbox"/> Follow-up Services * see WDB policy<br><input type="checkbox"/> Education offered concurrently w/ workforce prep<br><input type="checkbox"/> Financial Literacy<br><input type="checkbox"/> Entrepreneurial Skills<br><input type="checkbox"/> Labor Market Information<br><input type="checkbox"/> Transition to Post-Secondary Education |
|--|---|

1. Goal: _____	Start Date	Planned End
<b>Services</b>		
1.		
2.		
3.		
4.		

1. Goal: _____	Start Date	Planned End
<b>Services</b>		
1.		
2.		
3.		
4.		

1. Goal: _____	Start Date	Planned End
<u>Services</u>		
1.		
2.		
3.		
4.		

I have developed this Individualized Service Strategy with the Counselor whose signature appears below. I understand and accept this plan. I understand that I am largely responsible for the success of this plan and commit to doing all things needed, including requesting assistance from staff, to ensure that I will be successful in achieving my employment and training goals. I understand my personal responsibilities to help support myself and for the repayment of any education or training loans. I have reviewed the follow-up policy that will begin upon completion of my active services and will last for a minimum of 1 year. I understand that this is not a legal document and does not create entitlement to services nor does it guarantee services.

Signed: _____	Dated: ____/____/____
Client	
Signed: _____	Dated: ____/____/____
Counselor	