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Community Resources

Revised: November 19, 2021
Effective: March 3, 2021

To: WIOA Subrecipients of the Orange County
Workforce Development Area

From: Carma Lacy
Director of Workforce Development

Subject: WIOA Youth Objective Assessment & Individual Service
Plan (ISP) Policy
Information Notice No. 21-OCWDB-07
Supersedes Information Notice No. 15-OCWDA-04



PURPOSE

The purpose of this policy is to provide guidance on completion of the Objective Assessment and Individual Service Plan (ISP) for WIOA youth participants.

REFERENCES

- Workforce Innovation and Opportunity Act of 2014 (Public Law 113-128), Sections 116(b)(2)(A)(ii), 129
- 20 CFR 681.320
- Workforce Services Directive WSD17-07, *WIOA Youth Program Requirements* (January 16, 2018)

EFFECTIVE DATE

This policy is effective immediately upon issuance.

BACKGROUND

The WIOA requires that funds allocated for eligible youth shall be used to carry out programs that develop an Individual Service Plan (ISP) for each youth participant. The ISP is a holistic, ongoing process and should provide valuable information to best guide the participant towards education and employment goals that are directly linked to one or more performance indicators. The ISP is to include:

1. Appropriate career pathways
2. Education and employment goals
3. Identification of participant's strengths
4. Results of the objective assessment
5. Achievement objectives
6. Planned services



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Policy and Procedures

Service Providers will complete the Objective Assessment for each participant. The results of assessment must be explained to the youth and analyzed to provide guidance in determining action steps and services to be included in the Individual Service Plan (ISP).

1. The Objective Assessment and ISP shall be completed using the CalJOBS reporting system template. Service Provider shall ensure that the Objective Assessment and ISP are jointly developed by the participant and case manager and reviewed by the program coordinator. In the event that the CalJOBS system cannot be utilized, the OCWDB Objective Assessment Form (Attachment I) and ISP (Attachment II) may be utilized in lieu of CalJOBS. The Objective Assessment and ISP must include the review of all available information provided by the registered participant during program enrollment. If Attachment I or II are used, it must be uploaded into CalJOBS.
2. Service Providers are to use any of the following assessment tools when completing the initial assessment: Test of Adult Basic Education (TABE), Comprehensive Adult Student Assessment Systems (CASAS), Basic English Skills Test (BEST), or Massachusetts Adult Proficiency Test (MAPT). ACT WorkKeys, will be used for training enrollment requirements only and is not intended to measure Educational Functioning Levels (EFL) for performance. Service Providers may use previous basic skills assessment results if such previous assessments have been conducted within the past six months.
3. As part of the Objective Assessment, Services Providers are to conduct career exploration and provide Labor Market Information. This includes assisting participants with obtaining knowledge of labor market trends, required skills, training requirements, wage match requirements, non-traditional careers/employment. In addition, Service Providers will assist participant with researching if their desired occupation and industry sector are in-demand and document if participant is interested in non-traditional employment. This information shall be recorded into CalJOBS via a detailed case note and appropriate activity code.
4. Resumes shall be developed using the CalJOBS resume template for all clients enrolled in Individualized Career Services. Resumes shall be reviewed and updated so that they remain current. Resume modifications or adjustments conducted in collaboration with Service Provider staff shall be outlined in CalJOBS case notes to reflect services provided. In the event that the CalJOBS system template cannot be utilized, the participant shall provide a resume to be uploaded into CalJOBS.
5. Service Provider is to review ISP on a regular basis, but at a minimum of every month. 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.
6. Completion of the Objective Assessment, ISP, and any ISP updates shall be appropriately documented in the case notes and with CalJOBS activity codes.

CalJOBS activity code	Description
412	Completion of Objective Assessment (using either CalJOBS template or Attachment I) and/or Basic Skills assessments/tools.
413	Development or updating of the ISP
417	Labor Market Information Discussion
435	Resume Assistance/review
435	ISP review with no changes made

7. A copy of the completed (or updated) and signed ISP shall be given to the participant.
8. Any medical information pertinent to the initial assessment and ISP is to be collected and stored in a separate, confidential file according to OCWDB Personally Identifiable Information Policy.
9. If Service Provider measures Educational Functioning Level (EFL) gains after program enrollment under the measurable skills gain indicator, a Department of Education's National Reporting System (NRS) approved assessment must be used for both the EFL pre and post-test to determine a youth's educational functioning level.
10. ISP must be reviewed with the participant to ensure the ISP is effectively addressing the needs of the participant. When utilizing paper forms, all initial and updated ISPs must be signed and dated each time anything is added to the plan by both the participant and the staff helping them to complete it.
11. The OCWDB Objective Assessment and ISP forms can be set up to allow for the participant to provide an electronic signature. Refer to Attachment III for the Electronic Signature Instructions using the Microsoft signature feature. Other options, such as DocuSign or Adobe can also be used.

ACTION

Bring this policy to the attention of all staff and all relevant parties.

INQUIRIES

If you have any questions regarding this policy, please contact your Contract Administrator at 714-480-6500.

ATTACHMENTS

Attachment I: Youth Objective Assessment Template
Attachment II: Youth Individual Service Plan Template
Attachment III: Electronic Signature Instructions



Orange County Workforce Development Board WIOA Youth – Objective Assessment

PARTICIPANT NAME	CASE MANAGER	DATE
PARTICIPANT ADDRESS	EMAIL	PHONE

EDUCATION STATUS	
<input type="checkbox"/> In-School <input type="checkbox"/> Student, attending HS or less <input type="checkbox"/> Alternative School/K-12 HS Equivalency Program <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"/> GED <input type="checkbox"/> Drop-Out <input type="checkbox"/> Title II Adult Education/Youth Build/Job Corps
Name of School:	Last School Attended:

WORK, INTERNSHIP & VOLUNTEER HISTORY				
From	To	Employer/Organization	Wage (if Applicable)	Position Title
Duties:				
From	To	Employer/Organization	Wage (if Applicable)	Position Title
Duties:				
From	To	Employer/Organization	Wage (if Applicable)	Position Title
Duties:				

BARRIERS IDENTIFIED		
<input type="checkbox"/> Deficient in Basic Literacy Skills <input type="checkbox"/> Deficient in Occupational Skills <input type="checkbox"/> High School Dropout <input type="checkbox"/> Foster / Emancipated	<input type="checkbox"/> English Language Learner <input type="checkbox"/> Gang Affiliated <input type="checkbox"/> Homeless / Runaway <input type="checkbox"/> Justice-Involved	<input type="checkbox"/> Parenting <input type="checkbox"/> Substantial Cultural Barriers <input type="checkbox"/> Requires Additional Assistance
Other Barriers to Goal Achievement:		



Orange County Workforce Development Board WIOA Youth – Objective Assessment

BASIC SKILLS			
Skill	Pre-Test Date	Post-Test Date	Post-Assessment Results

OCCUPATIONAL/CAREER INTERESTS
Self-Reported Interests

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	Desired Industry Sector is a Priority Sector
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assessment Used	Date Assessment Completed
Planned Services Tied to Career Pathway Identified	

NON-TRADITIONAL EMPLOYMENT
<i>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.</i>
<input type="checkbox"/> Orientation of non-traditional occupations completed on:
<input type="checkbox"/> Participant is interested in non-traditional occupation (identify):
<input type="checkbox"/> Participant is NOT interested in non-tradition occupation.
<input type="checkbox"/> Participant requested more information on (identify occupation):



Orange County Workforce Development Board WIOA Youth – Objective Assessment

PARTICIPANT/PARENT/CASE MANAGER SIGNATURES AND DATES

(Refer to Electronic Signature Instructions, if needed)

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Orange County Workforce Development Board WIOA Youth – Individual Service Plan

Framework of an Individual Service Plan:

- Directly linked to one or more indicators of performance
- Based on the initial assessment
- Identifies a career pathway that includes education and employment goals

BRIEF ASSESSMENT OVERVIEW		
IDENTIFY PERSONAL, EDUCATIONAL, OCCUPATIONAL, FINANCIAL MEDICAL, CHILDCARE, TRANSPORTATION, HOUSING, FOOD		
STRENGTHS	CHALLENGES/BARRIERS	RESOURCES/REFERRALS

GOALS			
Goal Type	Short-Term Goal	Long-Term Goal	Performance Indicator(s) Goal is Linked To
<u>Educational</u>			
<u>Occupational/Employment</u>			
<u>Personal/Social</u>			

Orange County Workforce Development Board WIOA Youth – Individual Service Plan

PROGRAM ELEMENTS NEEDED TO ACHIEVE GOAL

Youth are required to have access to all 14 WIOA Youth program elements.
Select elements based on needs identified on the participant's assessment.
Service Providers: Add rows to the table for repeated activities

IMPROVING EDUCATIONAL ACHIEVEMENT

Needed?	Activity	Date Opened	Projected End Date	Actual End Date
<input type="checkbox"/>	Tutoring: Study skills training and instruction leading to secondary school completion, including dropout prevention. Action Steps: Successful Completion: Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:			
<input type="checkbox"/>	Alternative Secondary School Offerings Action Steps: Successful Completion: Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:			
<input type="checkbox"/>	Activities that help youth prepare for transition to postsecondary education and training. Action Steps: Successful Completion: Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:			

PREPARING FOR AND SUCCEEDING IN EMPLOYMENT

Needed?	Activity	Date Opened	Projected End Date	Actual End Date
<input type="checkbox"/>	Paid and unpaid work experience with academic and occupational education. Action Steps: Successful Completion: Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:			
<input type="checkbox"/>	Labor market and employment information including career awareness, counseling, and exploration. Action Steps: Successful Completion: Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:			
<input type="checkbox"/>	Education offered concurrently with workforce preparation and training for a specific occupation. Action Steps: Successful Completion: Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:			
<input type="checkbox"/>	Entrepreneurial skills training Action Steps:			

**Orange County Workforce Development Board
WIOA Youth – Individual Service Plan**

	Successful Completion: Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:			
SUPPORTING YOUTH				
Needed?	Activity	Date Opened	Projected End Date	Actual End Date
<input type="checkbox"/>	Supportive Services Linkages to community services Yes <input type="checkbox"/> No <input type="checkbox"/> Transportation Yes <input type="checkbox"/> No <input type="checkbox"/> Child/Dependent Care Yes <input type="checkbox"/> No <input type="checkbox"/> Housing Yes <input type="checkbox"/> No <input type="checkbox"/> Needs-related payments Yes <input type="checkbox"/> No <input type="checkbox"/> Educational testing Yes <input type="checkbox"/> No <input type="checkbox"/> Reasonable accommodations Yes <input type="checkbox"/> No <input type="checkbox"/> Legal aid services Yes <input type="checkbox"/> No <input type="checkbox"/> Referrals to health care Yes <input type="checkbox"/> No <input type="checkbox"/> Uniforms or work-related attire/tools Yes <input type="checkbox"/> No <input type="checkbox"/> Books and school supplies (post-secondary student) Yes <input type="checkbox"/> No <input type="checkbox"/> Employment/training fees Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:			
<input type="checkbox"/>	Adult Mentoring Action Steps: Successful Completion: Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:			
<input type="checkbox"/>	Comprehensive guidance and counseling (may include drug & alcohol abuse counseling and referral). Action Steps: Successful Completion: Yes <input type="checkbox"/> No <input type="checkbox"/>			
DEVELOPING THE POTENTIAL OF YOUNG PEOPLE AS CITIZENS AND LEADERS				
Needed?	Activity	Date Opened	Projected End Date	Actual End Date
<input type="checkbox"/>	Leadership development opportunity/opportunities to develop social behaviors, other soft skills, and leadership opportunities. Action Steps: Successful Completion: Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:			
<input type="checkbox"/>	Financial Literacy Action Steps: Successful Completion: Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:			

Orange County Workforce Development Board

WIOA Youth – Individual Service Plan

RATIONALE FOR ENROLLMENT INTO TRAINING SERVICES

(Rationale shall be clear in explaining why the youth is in need of training and how this training will assist the youth with attaining employment)

Please provide responses to the following questions:

1. Before receiving training services is the individual determined appropriate for training services based upon standardized tests, interviews, inventory of applicants' fields of interests, skills assessments, career exploration, available labor market information, and other data collected that is relevant to the type of training the individual is applying for? Yes No
2. Did assessment determine the individual is unlikely to obtain or retain employment? Yes No
3. Did assessment determine the individual needs training to obtain or retain employment? Yes No
4. Did assessment determine the individual has the skills and qualifications to successfully participate in training? Yes No
5. Did assessment determine the individual is a member of the priority population? Yes No
6. Does the file justify the need for training? Yes No
7. Will the training result in a credential/certificate that will lead to employment in a demand occupation? Yes No
8. Is the individual considered to be a dependent? Yes No
9. Is the individual/family self-sufficient? Yes No

Rationale:

TRAINING SERVICE PLAN	START DATE	ESTIMATED END DATE	ACTUAL END DATE	RESULTS

Updated: _____
Participant Initials Case Manager Initials

Orange County Workforce Development Board
WIOA Youth – Individual Service Plan

ISP & PROGRAM AGREEMENT

I, _____, took part in completing/developing this Individual Service Plan (ISP) with my Case Manager. I have reviewed the initial assessment with my Case Manager 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 Ready SET OC WIOA Youth Program, I was made aware of and agree to the following:

1. To immediately notify my Case Manager if I change my address, phone number, or email address;
2. To maintain regular communication with my Case Manager (at least once per month);
3. To update my Case Manager 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/CAREER PLANNER SIGNATURES AND DATES

(Refer to Electronic Signature Instructions, if needed)

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Attachment III Electronic Signature Instructions

Service Provider Set-Up

1. In the Word document, place your pointer where you want to create a signature line.
2. On the Insert tab at the top, in the Text group (right side of tool bar), click the Signature Line list, and then click Microsoft Office Signature Line.
3. In the Signature Setup dialog box, type information that will appear beneath the signature line:
 - Suggested signer: the signer's full name
 - Suggested signer's title: the signer's title, if any.
 - Suggested signer's e-mail address: the signer's e-mail address, if needed.
 - Instructions to the signer: add instructions for the signer, such as "Before signing the document, verify that the content is correct."
4. Select one or both of the following check boxes:
 - Allow the signer to add comments in the Sign dialog box
 - Show sign date in signature line - the date the document was signed will appear with the signature.
5. Repeat for additional signature lines.
6. Save document and email to participant.
7. A signature message bar will remain until the document is signed.
8. If the document will be printed and not electronically signed, follow steps 1-5 above to add the signature lines and then save and print for the participant.

Participant

1. Once the document is received, download and save the document. If the document is in read-only, the participant will not be able to sign the document until saved.
2. In the file, right-click the signature line. (If the file opens in protected view, click "edit anyway" if the file is from a reliable source)
3. From the menu, select Sign.
 - To add a printed version of your signature, type your name in the box next to the **X**.
 - To select an image of your written signature, click Select Image. In the Select Signature Image dialog box, find the location of your signature image file, select the file that you want, and then click Select.
 - To add a handwritten signature (Tablet PC users only), sign your name in the box next to the X by using the inking feature.
4. Click Sign, save, and email back to Service Provider.