

Minneapolis Youth Works

Individual Service Strategy

PARTICIPANT INFORMATION

Name: _____ Date: _____

COMMUNICATION PLAN

Preferred Method of Contact:

- Home phone: _____
- Cell phone: _____
- Work phone: _____
- Text message
- E-mail: _____
- Visit to school
- Home visit
- Other _____

Who will know how to contact you if your contact information changes?

Name: _____
Relationship: _____
Phone: _____
Address: _____
City: _____ State: _____

EMPLOYMENT AND EDUCATION GOALS

Short-Term Education Goal:

Long-Term Education Goal:

Short-Term Employability Goal:

Long-Term Employability Goal:

ACTION PLAN

Goal: _____

- Short-Term Education Goal
- Long-Term Education Goal
- Short-Term Employment Goal
- Long-Term Employment Goal

Benchmark: _____

ACTION STEPS	PARTICIPANT RESPONSIBILITY	DUE DATE	COMPLETED
Step 1:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Step 2:			<input type="checkbox"/> Yes <input type="checkbox"/> No

Goal: _____

- Short-Term Education Goal
- Long-Term Education Goal
- Short-Term Employment Goal
- Long-Term Employment Goal

Benchmark: _____

ACTION STEPS	PARTICIPANT RESPONSIBILITY	DUE DATE	COMPLETED
Step 1:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Step 2:			<input type="checkbox"/> Yes <input type="checkbox"/> No

SERVICE PLAN

Immediate Needs For My Success, If Any	Solution
Supportive Education Service Needs, If Any	Solution
Skills and Interests	Program Element (check all that apply)
Basic Skills:	<input type="checkbox"/> Education <input type="checkbox"/> Employment <input type="checkbox"/> Mentorship <input type="checkbox"/> Internship <input type="checkbox"/> Other: _____
Prior Work Experience:	<input type="checkbox"/> Education <input type="checkbox"/> Employment <input type="checkbox"/> Mentorship <input type="checkbox"/> Internship <input type="checkbox"/> Other: _____
Desired Skills:	<input type="checkbox"/> Education <input type="checkbox"/> Employment <input type="checkbox"/> Mentorship <input type="checkbox"/> Internship <input type="checkbox"/> Other: _____
Occupational Interests:	<input type="checkbox"/> Education <input type="checkbox"/> Employment <input type="checkbox"/> Mentorship <input type="checkbox"/> Internship <input type="checkbox"/> Other: _____

Participant's Strengths

Strength	Example
1.	1.
2.	2.
3.	3.

SIGNATURES

Case Manager Name: _____ Date: _____

Case Manager Signature: _____

Participant Name: _____ Date: _____

Participant Signature: _____

Quarter 2 Update: _____ Initials: _____

Quarter 3 Update: _____ Initials: _____

Quarter 4 Update: _____ Initials: _____