

INITIAL INDIVIDUAL SERVICES PLAN (ISP)



Date of Completion: _____

STUDENT NAME: _____

Date of Enrollment: _____ **Cohort:** _____

CONTACT INFORMATION:

Address

City

State

Zip

Phone

Email

CAREER GOALS:

Short-Term: _____

Long-Term: _____

WORK HISTORY:

Job Title, Employer

Dates of Employment

Relevant Skills Acquired

<u>Job Title, Employer</u>	<u>Dates of Employment</u>	<u>Relevant Skills Acquired</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PRIOR EDUCATION & TRAINING (ACADEMIC ASSESSMENT):

Highest Grade Complete: _____

Degree Obtained: _____

Credentials & Certifications:

General Education Courses Completed:

_____	_____
_____	_____
_____	_____

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BASIC RESOURCE NEEDS:

Please check the items you may need advising and/or assistance:

- Housing Health Credit Child/Family Care Transportation
- Disability Financial

If checked, please explain: _____

Criminal Background

If checked, please explain: _____

Other

If checked, please explain: _____

Are Basic Resources Being Met? Yes No

RESOURCES, REFERRALS, OR OTHER SOLUTIONS:

ACTIVITIES & SERVICES NEEDED TO ACHIEVE CAREER GOALS:

<u>Activity or Service</u>	<u>Justification</u>	<u>Goal Date</u>	√
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

NOTES:

FOLLOW-UP GOAL DATE: _____

STUDENT SIGNATURE: _____ **DATE:** _____

ADVISOR SIGNATURE: _____ **DATE:** _____

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PROGRESS REPORT UPDATES

Progress Report #1

Date of Completion: _____

a. Changes noted from Initial Service Plan Completion:

b. Service Needs Update:

Please check the items you may need advising and/or assistance:

Housing Health Credit Child/Family Care Transportation

Disability Financial

If checked, please explain: _____

Criminal Background

If checked, please explain: _____

Other

If checked, please explain: _____

Are Basic Resources Being Met? Yes No

c. Contact Information Update

Has contact information changed from prior contact: Yes No

If Yes, update contact information below: (Make any updates in contact database)

Address

City State Zip

Phone

E-Mail

d. Other Comments to Note Since Initial Service Plan was Completed

FOLLOW-UP GOAL DATE: _____

STUDENT SIGNATURE: _____ DATE: _____

ADVISOR SIGNATURE: _____ DATE: _____

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Progress Report #2

Date of Completion: _____

a. Changes noted from Initial Service Plan Completion/Progress Report #1:

b. Service Needs Update:

Please check the items you may need advising and/or assistance:

- Housing Health Credit Child/Family Care Transportation Disability Financial

If checked, please explain: _____

Criminal Background

If checked, please explain: _____

Other

If checked, please explain: _____

Are Basic Resources Being Met? Yes No

c. Contact Information Update

Has contact information changed from prior contact: Yes No

If Yes, update contact information below: (Make any updates in contact database)

Address

City State Zip

Phone E-Mail

d. Other Comments to Note Since Initial Service Plan was Completed

FOLLOW-UP GOAL DATE: _____

STUDENT SIGNATURE: _____ DATE: _____

ADVISOR SIGNATURE: _____ DATE: _____

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