



YPN

Young Professionals Network

Individual Service Strategy

Name: _____

I. Interests:

A. What is (are) your career goal(s)?

B. What is (are) your education goals(s)?

II. Services

What services are you most interested in? Please check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Working internship | <input type="checkbox"/> GED/High School diploma |
| <input type="checkbox"/> Short term training | <input type="checkbox"/> Career coaching |
| <input type="checkbox"/> Leadership classes | <input type="checkbox"/> Working with a mentor |
| <input type="checkbox"/> Increasing Math and Reading Skills | <input type="checkbox"/> Other _____ |

III. Obstacles

Check all that apply

- | | | |
|---|--|--|
| <input type="checkbox"/> Behind grade level | <input type="checkbox"/> School dropout | <input type="checkbox"/> Health issues |
| <input type="checkbox"/> Legal issues | <input type="checkbox"/> Need job skills | <input type="checkbox"/> Family issues |
| <input type="checkbox"/> Other: _____ | | |