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| Participant Name: | WDA/Service Provider: | | |  |
| Reviewer: | Review Date: | | |
| **PARTICIPANT DATA, GENERAL ELIGIBILITY & CASE DOCUMENTS:**  Yes  No Local application form signed & dated  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No Eligible to work in the USA, properly documented  Documentation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Selective Service indicator in ASSET:  Yes  No  Not Required  Exempted Vet  Waived  Less Than 18  Yes  No Veteran or eligible individual  If yes, DD-214 or other allowable documentation in file  If yes, discharge is anything other than Dishonorable | COMMENTS:  Yes  No Photocopies of DL or SS Card are marked "for admin use only"  Yes  No Selective Service indicator is accurate  Yes  No Appropriate documentation is in file | | |  |
|  |
| **ELIGIBILITY CRITERIA – IN SCHOOL YOUTH (Enrolled after 7/1/15):**  Participant is enrolled as ISY  **NEED ALL:**  Yes  No Attending secondary or post-secondary school  Documentation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No Age 14-21  Documentation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No **Low-income** (see next page);  **AND one or more of the following:**  Basic skills deficient  Homeless or runaway  Pregnant or parenting  Offender/ex-offender  Needs additional assistance (as defined locally)**\*** (5% limit on ISY enrolled based on this category per program year)  Individual with a Disability  English language learner  Foster care  COMMENTS: | **ELIGIBILITY CRITERIA – OUT OF SCHOOL YOUTH (Enrolled after 7/1/15):**  Participant is enrolled as OSY  **NEED ALL:**  Not attending secondary or post-secondary school  Documentation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Age 16-24  Documentation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **AND one or more of the following:**  School dropout  Within compulsory age of secondary school attendance but not attending  Low-income with secondary school diploma/equivalent AND basic skills  deficient or English Language Learner  Homeless or runaway  Pregnant or parenting  Offender/ex-offender  Low-income and needs additional assistance (as defined locally)**\***  Individual with a Disability   Foster care  COMMENTS: | | |  |
| **LOW INCOME:**  **Family Income Previous 6 Months:**  **At/Below 100% FPL**  **At/Below 70% of LLSIL**  **Neither of the Above**  **Individual Income Previous 6 Months:**  **At/Below 100% FPL**  **At/Below 70% of LLSIL**  **Neither of the Above**  **Family Income For Past Six Months Per File Documentation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Annualized Income\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Size\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Yes  No Individual with a disability – family of 1  Yes  No Individual and family income meet the following:  Family size recorded is accurate (participant file and ASSET match)  Family income is tallied for past six months and annualized properly  Income is shown for each family member, is documented with allowable sources, & complies with inclusions & exclusions for the WIOA program  Current FPL (100%) or LLSIL (70%) chart was used at the time the participant's eligibility was completed  **PUBLIC ASSISTANCE RECIPIENT:**  TANF:  Currently Receiving  Rec'd past 6 months  Not Receiving  Living in High Poverty Area:  Yes  No  No Response   * If YES, was data from recent 5 year American Community Survey Data   Yes  No    FoodShare:  Currently Receiving  Rec'd past 6 months  Not Receiving    Free/Reduced Lunch:  Yes  No  No Response  Homeless:  Yes  No  No Response  Foster Care: Yes  No  No Response  SSI/SSDI:  SSI Only  SSDI Only  SSI and SSDI  No  Other Income Based Cash Public Assistance:  Yes  No  No Response  Type of Assistance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | COMMENTS:  Yes  No Were any of the boxes checked that benefits are/were received?  Yes  No If yes, allowable source documentation in file.  Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No Public Assistance ASSET entries matches file documentation  COMMENTS: | | |  |
| **STEPS TO PARTICIPATION:**  The following services were provided prior to participation:  Yes  No Eligibility determination  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No Provision of objective assessment  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No Development of ISS  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No **Participation in any one of 14 program elements equals**  **participation date (confirm that the ASSET service was actually provided)**  **Date of first element provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Yes  No Were these steps completed in the appropriate order, resulting in an  accurate participation date | COMMENTS:  **Data Element Validation – Participation Date** | | |  |
| **OBJECTIVE ASSESSMENT:**  Yes  No Assessments are appropriately documented in ASSET and file  Yes  No ASSET services correspond with assessments provided; dates match  Yes  No Assessments addressed the following areas: (ALL MUST BE ASSESSED)  Academic levels  Basic skills levels  Occupational skills  Prior work experience  Employability  Interests and aptitudes  Areas of strength  Developmental needs  Service needs, including supportive services  Yes  No Documented assessment is within 6 months prior to eligibility  Determination | |  |  |  | | --- | --- | --- | | Doc Date | Assessment tool | ASSET Service Name and Date | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   COMMENTS: | | |  |
| **INDIVIDUALIZED SERVICE STRATEGY (ISS):**  Yes  No Initial ISS complete, signed and properly documented in ASSET, CEPT and/or and file  Yes  No ISS reviewed, updated, signed, dated, and properly documented in the  participant file and ASSET as described in the Local Plan (2016-20) or local policy  Yes  No ISS is developed appropriately:  jointly with the participant  based on assessments  delineated into clearly defined, attainable and manageable steps  Yes  No ISS contains appropriate information including:  participant's employment and/or education goals  achievement objectives  determination of need for training  Identification of supportive service needs  an appropriate combination of services to achieve goals  Identification of career pathways  All program elements provided | |  |  |  |  | | --- | --- | --- | --- | | Doc Date | ASSET Open | ASSET Close | Career Goal | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   COMMENTS: | | |  | |
| **YOUTH PROGRAM ELEMENTS / SERVICES PROVIDED:** | | | | | |
| **Adult Mentoring**  Provided as needed  NOT provided as needed  Not needed  Yes  No Service provision was appropriate  Lasted at least 12 months  Documented appropriately  Mentoring delivered at least partly in person  If mentor is Career Planner, appropriate justification given | |  |  |  | | --- | --- | --- | | Date Open | Date Closed | Type of Activity | |  |  |  | |  |  |  |   COMMENTS: | | |  | |
| **Alternative Secondary School or Dropout Recovery Services**  Provided as needed  NOT provided as needed  Not needed  Yes  No Service provision was appropriate  Documented appropriately  Fund source accurate based on provider | |  |  |  | | --- | --- | --- | | Date Open | Date Closed | Type of Activity | |  |  |  | |  |  |  |   COMMENTS: | | |  | |
| **Career Awareness, Exploration, and Counseling**  Provided as needed  NOT provided as needed  Not needed  Yes  No Service provision was appropriate  Documented appropriately | |  |  |  | | --- | --- | --- | | Date Open | Date Closed | Type of Activity | |  |  |  | |  |  |  |   COMMENTS: | | |  | |
| **Comprehensive Guidance and Counseling**  Provided as needed  NOT provided as needed  Not needed  Yes  No Service provision was appropriate  Documented appropriately | |  |  |  | | --- | --- | --- | | Date Open | Date Closed | Type of Activity | |  |  |  | |  |  |  |   COMMENTS: | | |  | |
| **Education Offered Concurrently with Workforce Preparation Activities for a Specific Occupation**  Provided as needed  NOT provided as needed  Not needed  Yes  No Service provision was appropriate  Documented appropriately | |  |  |  | | --- | --- | --- | | Date Open | Date Closed | Type of Activity | |  |  |  | |  |  |  |   COMMENTS: | | |  | |
| **Entrepreneurial Skills Training**  Provided as needed  NOT provided as needed  Not needed  Yes  No Service provision was appropriate  Aligned with ISS goals  Documented appropriately | |  |  |  | | --- | --- | --- | | Date Open | Date Closed | Type of Activity | |  |  |  | |  |  |  |   COMMENTS: | | |  | |
| **Financial Literacy Education**  Provided as needed  NOT provided as needed  Not needed  Yes  No Service provision was appropriate  Documented appropriately | |  |  |  | | --- | --- | --- | | Date Open | Date Closed | Type of Activity | |  |  |  | |  |  |  |   COMMENTS: | | |  | |
| **Leadership Development**  Provided as needed  NOT provided as needed  Not needed  Yes  No Service provision was appropriate  Documented appropriately | |  |  |  | | --- | --- | --- | | Date Open | Date Closed | Type of Activity | |  |  |  | |  |  |  |   COMMENTS: | | |  | |
| **Occupational Skills Training**  Provided as needed  NOT provided as needed  Not needed  If Occupational Skill Training was provided:  Yes  No Training meets WIOA requirements:  leads to attainment of recognized postsecondary credential  focused on the occupational goal identified on the ISS  is of sufficient duration to impart the skills needed to meet the occupational goal  Yes  No Training plan is appropriate for participant:  participant has resources to complete program  participant applied for financial aid if applicable  Yes  No Training plan is in line with and executed within the local policy:  The need for training is documented in the participant's file as described in the Local Plan response VI.G.8 (2016-20) or local policy  Training is within the dollar amount/duration of WDB's local policy  Yes  No The Training is appropriately documented:  In ASSET Manage Services and in case file  Supporting documentation for funding training is in file  Yes  No The training program is appropriate for any WIOA participant:  Approved per local policy  Yes  No The participant's progress in training is monitored by the career  planner | Training Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Training Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  | | --- | --- | | Semester/Dates | Direct Costs | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  |   **Data Validation Elements**  COMMENTS: | | |  | |
| **Postsecondary Preparation and Transition Activities**  Provided as needed  NOT provided as needed  Not needed  Yes  No Service provision was appropriate  Documented appropriately | |  |  |  | | --- | --- | --- | | Date Open | Date Closed | Type of Activity | |  |  |  | |  |  |  |   COMMENTS: | | |  | |
| **Supportive Services**  Provided as needed  NOT provided as needed  Not needed  If Supportive Services were provided:  Yes  No Participant received supportive services appropriately:  based on an assessment  necessary for participation in WIOA activities  Yes  No The Supportive Service is appropriately documented:  In ASSET Manage Services and in case file  Yes  No Supportive Services provided according to local policy  Allowable  Within funding limits and duration  Reimbursement amounts are documented via logs, receipts, or other documentation as required by local policy | |  |  |  | | --- | --- | --- | | Date | Type of Support Provided | Direct Costs | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   COMMENTS: | | |  | |
| **Tutoring, Study Skills Training, Dropout Prevention**  Provided as needed  NOT provided as needed  Not needed  Yes  No Service provision was appropriate  helps participant complete a high school diploma or equivalent or a recognized postsecondary credential  Documented appropriately | |  |  |  | | --- | --- | --- | | Date Open | Date Closed | Type of Activity | |  |  |  | |  |  |  |   COMMENTS: | | |  | |
| **Work Experience**  Provided as needed  NOT provided as needed  Not needed  Employment Opportunity  Internship  Job Shadowing  On-the-Job Training  Pre-apprenticeship Programs  If Work Experience was provided:  Yes  No Service is properly planned:  Tied to the goals identified on the ISS  Has academic and occupational education components (can be sequential)  Yes  No Service is properly documented:  ASSET and file documents agree  Timesheets, vouchers, or other reimbursement docs in file  WEX agreement signed prior to start date  WEX contains training plan/job description  Yes  No Service is properly executed:  On-site monitoring performed by WDB or service provider staff | Work Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  | | --- | --- | --- | | Start Date | End Date | Direct Costs | |  |  |  | |  |  |  |   COMMENTS: | | |  | |
| **Incentives**  None Provided  If Incentives provided:  Yes  No The incentives are provided in compliance with state & local policy (and local policy exists)  Yes  No Incentivized activity included on Youth's ISS  Yes  No Incentives are reported in ASSET  Yes  No Acceptable file documentation of incentives received | |  |  |  | | --- | --- | --- | | Date | Allowable Activity Incentivized | Direct Costs | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |     COMMENTS: | | |  | |
| **PROVISION OF ADDITIONAL YOUTH SERVICES:**  Yes  No Service(s) provided  Service(s):  Adult Basic Education (co-enrolled in Youth Program)  Job Corps (co-enrolled in Youth Program)  Non-WIOA Funded Post-Secondary Education  Non-WIOA Funded Secondary Education  Reentry Employment Opportunities (Adult or Youth)  YouthBuild (co-enrolled in Youth Program)  Yes  No Service provision was appropriate  Documented appropriately  Meets ASSET definition  Fund source accurate based on provider | |  |  |  | | --- | --- | --- | | Date Open | Date Closed | Type of Activity | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   COMMENTS: | | |  | |
| **TRAINING PERFORMANCE OUTCOMES**: (Review if training service provided)  Yes  No Training provided after July 1, 2016  If **YES**:  Yes  No **Measurable Skill Gains** Achieved  Yes  No If achieved, are documented properly in ASSET and case file  Yes  No Training program is completed. If yes:  Yes  No "ITA Program Outcome" completed in ASSET service(s)  Yes  No "ITA Employment Outcome" completed in ASSET service(s)    Yes No **Credential attained**. If yes:  Yes  No Documented properly in ASSET and file | |  |  |  |  | | --- | --- | --- | --- | | Program Yr | Type of Gain | File | ASSET | | 7/1/17-6/30/18 |  |  |  | | 7/1/18-6/30/19 |  |  |  | | 7/1/19-6/30/20 |  |  |  | | 7/1/20-6/30/21 |  |  |  |   **Data Validation Elements**  COMMENTS: | | |  | |
| **EXIT INFORMATION:**  Not Yet Exited  Active Participant  **OR**  No longer receiving Services  Services are closed – exit is pending  Participant should be exited  Exited  Yes  No Exit completed appropriately:   * per federal and state policy * per criteria described in local plan (V1.C.10) * per actual service provision   Exculsionary Exit:  **Yes**  **No Exclusionary exit properly documented**  **Exclusion Reason:**  **Deceased**  **Health/Medical**  **Institutionalized**  **Reserve Forces alled to Active Duty** | | **Exit Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  COMMENTS: |  | |
| **FOLLOW-UP/PERFORMANCE TRACKING:**  Not Applicable  Yes  No Follow up services offered for one year  Yes No Services provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No Follow up conducted properly per state and local policy  Yes  No Quarterly Follow-up surveys completed properly and entered in ASSET  Yes  No Supplemental employment data required  If Yes – It is collected & properly documented  Yes  No | | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Date Contacted | Follow-up Survey Complete | Case Notes | File Doc | | Q1 |  |  |  |  | | Q2 |  |  |  |  | | Q3 |  |  |  |  | | Q4 |  |  |  |  |  |  |  |  | | --- | --- | --- | | Service Date Open | Date Closed | Type of Activity | |  |  |  | |  |  |  | |  |  |  |   COMMENTS: |  | |
| **CASE NOTES:**  Yes  No Case notes demonstrate that the WDB's process for contacting active participants is being followed as described in the Local Plan VI.C.9 (2016-20) or local policy  Yes  No Case notes are entered in an appropriate manner:  Content and dates agree with ASSET Manage Services  Case notes are comprehensive  Case notes are correctly marked confidential as needed  Case notes entered in a timely fashion (w/in 10 days of event documented, if after 9/1/20, unless local policy is stricter) | | Date of last **direct** contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  COMMENTS: |  | |
| **EVALUATION OF SERVICE DELIVERY:**  Yes No Assessments were provided and evaluated appropriate needs/barriers.  Yes No Assessed needs were used to develop a comprehensive ISS.  Yes No ISS clearly defines a career goal, supportive service needs, related planned  services, etc. in a way that can be understood by the participant.  Yes No Goals include short-term and long-term, are attainable, are related to  Employment/training, advance the participant's economic self-sufficiency.  Yes No If training was provided, the program made sense for the participant's  goals and personal circumstances.  Yes No Supportive services were discussed / offered / provided in a way that  makes sense to the participant's needs.  Yes No Participant seemed easily able to navigate programmatic requirements /  procedures; artificial barriers were not established to access services.  Yes No File gives overall appearance that services were provided appropriately:  Complete, accurate documentation  Regular, timely, effective communication  Cohesive, comprehensive service delivery  Assessment based and ISS driven case progression  Appropriate collaboration within One-Stop Delivery system  Participation resulted in overall positive outcome for participant  Services provided serve to advance career goal  Services provided address barriers to education/employment | | Career Goal in ISS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No Any/all services provided served to help participant ultimately  achieve career goal.  COMMENTS: |  | |

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| **FINDINGS** | **AREAS OF CONCERN** | **POSITIVE PRACTICES** |
|  |  |  |
| **EO / CRC ISSUES IDENTIFIED:** | | |