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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 careCOMMENTS:       | **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 careCOMMENTS:       |  |
| **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 ReceivingLiving 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 ResponseHomeless: [ ]  Yes [ ]  No [ ]  No ResponseFoster Care:[ ]  Yes [ ]  No [ ]  No ResponseSSI/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 documentationCOMMENTS:       |  |
| **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 |

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|  Doc Date  | Assessment tool  | ASSET Service Name and Date |
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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 |

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| Doc Date | ASSET Open  | ASSET Close | Career Goal  |
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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 |

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| Date Open | Date Closed | Type of Activity  |
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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 |

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| Date Open | Date Closed | Type of Activity  |
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COMMENTS:  |  |
| **Career Awareness, Exploration, and Counseling**[ ]  Provided as needed [ ]  NOT provided as needed [ ]  Not needed [ ]  Yes [ ]  No Service provision was appropriate[ ]  Documented appropriately |

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| Date Open | Date Closed | Type of Activity  |
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COMMENTS:  |  |
| **Comprehensive Guidance and Counseling**[ ]  Provided as needed [ ]  NOT provided as needed [ ]  Not needed [ ]  Yes [ ]  No Service provision was appropriate[ ]  Documented appropriately |

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| Date Open | Date Closed | Type of Activity  |
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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 |

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| Date Open | Date Closed | Type of Activity  |
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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 |

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| Date Open | Date Closed | Type of Activity  |
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COMMENTS:  |  |
| **Financial Literacy Education**[ ]  Provided as needed [ ]  NOT provided as needed [ ]  Not needed [ ]  Yes [ ]  No Service provision was appropriate[ ]  Documented appropriately |

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| Date Open | Date Closed | Type of Activity  |
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COMMENTS:  |  |
| **Leadership Development**[ ]  Provided as needed [ ]  NOT provided as needed [ ]  Not needed [ ]  Yes [ ]  No Service provision was appropriate[ ]  Documented appropriately |

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| Date Open | Date Closed | Type of Activity  |
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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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 |

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| Date Open | Date Closed | Type of Activity  |
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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 |

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| Date  | Type of Support Provided  | Direct Costs |
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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  |

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| Date Open | Date Closed | Type of Activity  |
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COMMENTS:  |  |
| **Work Experience**[ ]  Provided as needed [ ]  NOT provided as needed [ ]  Not needed [ ]  Employment Opportunity[ ]  Internship[ ]  Job Shadowing[ ]  On-the-Job Training[ ]  Pre-apprenticeship ProgramsIf 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Start Date | End Date | Direct Costs |
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COMMENTS:  |  |
| **Incentives**[ ]  None ProvidedIf 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 |

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| Date  | Allowable Activity Incentivized  | Direct Costs |
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 COMMENTS:       |  |
| **PROVISION OF ADDITIONAL YOUTH SERVICES:**[ ]  Yes [ ]  No Service(s) providedService(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 |

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COMMENTS:  |  |
| **TRAINING PERFORMANCE OUTCOMES**: (Review if training service provided)[ ]  Yes [ ]  No Training provided after July 1, 2016If **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 |

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| 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 requiredIf Yes – It is collected & properly documented [ ]  Yes [ ]  No  |

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|  | Date Contacted | Follow-up Survey Complete | Case Notes | File Doc |
| Q1  |  |  |  |  |
| Q2 |  |  |  |  |
| Q3  |  |  |  |  |
| Q4 |  |  |  |  |

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| Service Date Open | Date Closed | Type of Activity  |
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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** |
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| [ ] **EO / CRC ISSUES IDENTIFIED:**  |