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| Participant Name:  | WDA/Service Provider:  | **Issue(s)** |
| Reviewer:  | Review Date:  |
| **PARTICIPANT DATA, GENERAL ELIGIBILITY, & CASE DOCUMENTS** |
| [ ] Yes [ ]  No Local application form signed & dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ] Yes [ ]  No Eligible to work in the USA, [properly documented](https://dwd.wisconsin.gov/wioa/policy/12/12.5.htm#sectionOne) **AND** Documentation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Yes [ ]  No [ ]  N/A Photocopies of DL or SS Card are marked "for admin use only"[ ]  Yes [ ]  No Veteran or eligible individual [ ]  If yes, DD-214 or other allowable documentation in file [ ]  If yes, discharge is anything other than Dishonorable | Selective Service indicator in ASSET: [ ] Yes [ ]  No [ ]  Not Required [ ]  Exempted Vet [ ]  Waived [ ]  Less Than 18[ ]  Yes [ ]  No Selective Service indicator is accurate[ ]  Yes [ ]  No Appropriate [documentation](https://dwd.wisconsin.gov/wioa/policy/12/12.5.htm#sectionOne) is in fileCOMMENTS:  |  |
| **ELIGIBILITY CRITERIA - IN SCHOOL YOUTH & OUT OF SCHOOL YOUTH** |
| [**IN SCHOOL YOUTH**](https://dwd.wisconsin.gov/wioa/policy/10/10.3.htm#sectionTwo)**:**[ ]  Participant is enrolled as ISY**NEED ALL:**[ ]  Yes [ ]  No Attending secondary or post-secondary school [Documentation](https://dwd.wisconsin.gov/wioa/policy/12/12.5.htm#sectionTwo) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Yes [ ]  No Age 14-21 [Documentation](https://dwd.wisconsin.gov/wioa/policy/12/12.5.htm#sectionOne) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  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:  | [**OUT OF SCHOOL YOUTH**](https://dwd.wisconsin.gov/wioa/policy/10/10.3.htm#sectionThree)**:** [ ]  Participant is enrolled as OSY**NEED ALL:**[ ]  Not attending secondary or post-secondary school [Documentation](https://dwd.wisconsin.gov/wioa/policy/12/12.5.htm#sectionTwo) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Age 16-24 [Documentation](https://dwd.wisconsin.gov/wioa/policy/12/12.5.htm#sectionOne) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**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 DETERMINATION AND DOCUMENTATION** |
| **LOW INCOME– BASED ON INCOME PREVIOUS SIX MONTHS:****Family Income Per File Documentation**

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| **Past Six Months** | **Annualized** |
|  |  |

Family Size \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Yes [ ]  No [Individual with a disability](https://dwd.wisconsin.gov/wioa/policy/12/12.5.htm#sectionThree) – family of 1 Per ASSET: [ ]  At/Below 100% FPL [ ]  At/Below 70% of LLSIL [ ]  Neither of the Above[ ]  Yes [ ]  No ASSET data field is correct**Individual Income Per File Documentation**

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| **Past Six Months** | **Annualized** |
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 Per ASSET: [ ]  At/Below 100% FPL [ ]  At/Below 70% of LLSIL [ ]  Neither of the Above[ ]  Yes [ ]  No ASSET data field is correct[ ]  Yes [ ]  No Individual and family income meet the following:[ ]  [Family size](https://dwd.wisconsin.gov/wioa/policy/12/12.5.htm#sectionThree) recorded is accurate (participant file and ASSET match)[ ]  [Family income](https://dwd.wisconsin.gov/wioa/policy/appendices/A.7.htm) is tallied for past six months and annualized properly [ ]  Income is shown for each family member, is [documented with allowable sources](https://dwd.wisconsin.gov/wioa/policy/12/12.5.htm#sectionThree), & complies with inclusions & exclusions for the WIOA program[ ]  Current [FPL (100%) or LLSIL (70%) chart](https://dwd.wisconsin.gov/wioa/llsil-fpl.htm) was used at the time the participant's eligibility was completed | **PUBLIC ASSISTANCE RECIPIENT:** TANF: [ ]  Currently Receiving [ ]  Received in past 6 months [ ]  Not ReceivingLiving in High Poverty Area: [ ]  Yes [ ]  No [ ]  No ResponseIf yes, was data from recent 5 year American Community Survey Data?[ ]  Yes [ ]  No Food Share: [ ]  Currently Receiving [ ]  Received in past 6 months [ ]  Not Receiving Free/Reduced Lunch: [ ]  Yes [ ]  No [ ]  No ResponseHomeless: [ ]  Yes [ ]  No [ ]  No ResponseFoster Care:[ ]  Yes [ ]  No [ ]  No ResponseSSI/SSDI: [ ]  SSI [ ]  SSDI [ ]  SSI and SSDI [ ]  No Other Income Based Cash Public Assistance: [ ]  Yes [ ]  No [ ]  No ResponseType of Assistance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ] Yes [ ]  No Were any of the boxes checked that benefits are/were received?[ ] Yes [ ]  No If yes, allowable [source documentation](https://dwd.wisconsin.gov/wioa/policy/12/12.5.htm#sectionThree) 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**](https://dwd.wisconsin.gov/wioa/policy/10/10.5.htm#sectionThree) **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 | **Data Element Validation – Participation Date**COMMENTS:  |  |
| **OBJECTIVE ASSESSMENT** |
| [ ]  Yes [ ]  No Assessments are appropriately documented in ASSET and file[ ]  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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[ ]  Yes [ ]  No ASSET services correspond with assessments provided; dates matchCOMMENTS:  |  |
| **INDIVIDUALIZED SERVICE STRATEGY (ISS)** |
| [ ]  Yes [ ]  No Initial ISS complete, signed and [properly documented](https://dwd.wisconsin.gov/wioa/policy/10/10.2.htm#sectionFour) in ASSET, CEPT  and/or and file[ ]  Yes [ ]  No ISS reviewed, updated, signed, dated, and [properly documented](https://dwd.wisconsin.gov/wioa/policy/10/10.2.htm#sectionFour) in  ASSET, CEPT, and/or file as described in local policy, if applicable[ ]  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**](https://dwd.wisconsin.gov/wioa/policy/12/12.5.htm#sectionSix)[ ]  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**](https://dwd.wisconsin.gov/wioa/policy/12/12.5.htm#sectionSix)[ ]  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**](https://dwd.wisconsin.gov/wioa/policy/12/12.5.htm#sectionSix)[ ]  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**](https://dwd.wisconsin.gov/wioa/policy/12/12.5.htm#sectionSix)[ ]  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**](https://dwd.wisconsin.gov/wioa/policy/12/12.5.htm#sectionSix)[ ]  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**](https://dwd.wisconsin.gov/wioa/policy/12/12.5.htm#sectionSix)[ ]  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**](https://dwd.wisconsin.gov/wioa/policy/12/12.5.htm#sectionSix)[ ]  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**](https://dwd.wisconsin.gov/wioa/policy/12/12.5.htm#sectionSix)[ ]  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**](https://dwd.wisconsin.gov/wioa/policy/12/12.5.htm#sectionSix)[ ]  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 local policy, if applicable [ ]  Training is within the dollar amount/duration of WDB's local policy[ ]  Yes [ ]  No The training is appropriately documented:[ ]  In ASSET Services and in 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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| **File Doc - Training Start** |  |
| **File Doc – Training End** |  |
| **ASSET Service – Open** |  |
| **ASSET Service – Close** |  |

[ ]  Yes [ ]  No File documentation training dates match ASSET

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| **Semester** | **Direct Costs** |
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**Data Validation Elements**COMMENTS:  |  |
| [**Postsecondary Preparation and Transition Activities**](https://dwd.wisconsin.gov/wioa/policy/12/12.5.htm#sectionSix)[ ]  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**](https://dwd.wisconsin.gov/wioa/policy/12/12.5.htm#sectionSix)[ ]  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 Services and in file[ ]  Yes [ ]  No Supportive Services provided according to local policy:[ ]  is allowable[ ]  is 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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 [ ]  Yes [ ]  No Documentation of referrals to other resources[ ]  Yes [ ]  No ASSET services correspond with supportive services provided;  dates matchCOMMENTS:  |  |
| [**Tutoring, Study Skills Training, Dropout Prevention**](https://dwd.wisconsin.gov/wioa/policy/12/12.5.htm#sectionSix)[ ]  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**](https://dwd.wisconsin.gov/wioa/policy/12/12.5.htm#sectionSix)[ ]  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**](https://dwd.wisconsin.gov/wioa/policy/12/12.5.htm#sectionSix)[ ]  **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 |

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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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| **Date Open** | **Date Closed** | **Type of Activity**  |
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COMMENTS:  |  |
| **TRAINING PERFORMANCE OUTCOMES** |
| **Note:** Review if training service provided.[ ]  Yes [ ]  No **Training provided after July 1, 2016****If yes**: [ ]  Yes [ ]  No **Measurable Skill Gains achieved.** If yes: [ ]  Yes [ ]  No [Documented properly](https://dwd.wisconsin.gov/wioa/policy/11/11.17.htm) in ASSET and 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](https://dwd.wisconsin.gov/wioa/policy/11/11.16.htm) in ASSET and file |

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| **Program Year**  | **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 |  |  |  |
| 7/1/21-6/30/22 |  |  |  |
| 7/1/22-6/30/23 |  |  |  |

**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 actual service provision[ ]  **Exclusionary Exit:** [ ]  **Yes** [ ]  **No Exclusionary exit properly documented****Exclusion Reason:**[ ]  **Deceased**[ ]  **Health/Medical**[ ]  **Institutionalized**[ ]  **Reserve Forces called to Active Duty** | **Exit Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**COMMENTS:  |  |
| **FOLLOW-UP/PERFORMANCE TRACKING** |
| [ ]  **Required** [ ]  **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](https://dwd.wisconsin.gov/wioa/policy/11/11.21.htm) required. If yes:[ ]  Yes [ ]  No collected & properly documented  |

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|  | **Date(s) Contacted** | **Attempted or Successful** | **Follow-up Survey Complete** | **Notes (case notes & file doc)** |
| **Q1**  |  |  |  |  |
| **Q2** |  |  |  |  |
| **Q3**  |  |  |  |  |
| **Q4** |  |  |  |  |

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| **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 local policy[ ]  Yes [ ]  No Case notes are entered in an appropriate manner:[ ]  Content and dates agree with ASSET Services[ ]  Case notes are comprehensive[ ]  Case notes are correctly marked confidential as needed[ ]  Case notes entered in a timely fashion (within 10 days of event documented, if after 09/01/2020, 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 IEP/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, and effective communication[ ]  Cohesive and 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** | **PROMISING PRACTICES** |
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| [ ]  **EO / CRC ISSUES IDENTIFIED** |
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