|  |  |
| --- | --- |
| **Reviewer** | **Review Date** |
| Click to enter a name. | Click to enter a date. |

|  |  |
| --- | --- |
| **CASE FILE SUMMARY** | **Comments** |
| Workforce Development Area:

|  |
| --- |
| **Participant Information** |
| Name | ASSET PIN | Date of Birth |
| Age at Program Entry | County of Residence | Primary Language |
| Education Status | Employment Status | UI Program Status |

|  |
| --- |
| **Program Entry** |
| Program Registration Date | Program Participation Date |
| Adult Program Eligibility Status | Income Level |

|  |
| --- |
| **Program Exit** |
| Program Exit Date | Exclusion Reason |
| Education at Exit | Employed at Exit |

X |  |

|  |  |
| --- | --- |
| **ADULT PROGRAM ELIGIBILITY** | **Comments** |
|

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

Local application form signed & dated: Click to enter a date.

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

18 years of age or older[Source documentation](https://dwd.wisconsin.gov/wioa/policy/12/12.3.htm#sectionOne): [ ]  None found

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

Eligible to work in the U.S.[Source documentation](https://dwd.wisconsin.gov/wioa/policy/12/12.3.htm#sectionOne): [ ]  None found

|  |  |  |
| --- | --- | --- |
| [ ]  Yes | [ ]  No | [ ]  N/A |

Photocopies of DL / SS card are marked "For Administrative Use Only"

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

Met applicable Selective Service requirement: Choose an item.[Source documentation](https://dwd.wisconsin.gov/wioa/policy/12/12.3.htm#sectionOne): [ ]  None found or not applicable |  |
| **ECONOMIC SELF-SUFFICIENCY (ESS) CALCULATOR** | **Comments** |
|

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

ESS Calculator was completed with current [household income](https://dwd.wisconsin.gov/wioa/policy/appendices/A.7.htm) within 30 days of the Eligibility Determination service actual close date

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

Participant [attested](https://dwd.wisconsin.gov/wioa/policy/08/08.3.htm#sectionFour) to the accuracy of the information included in the ESS Calculator

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

ESS Calculator is accurate and complete for each time it was [required](https://dwd.wisconsin.gov/wioa/policy/08/08.3.htm#sectionFour)

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

Participant is economically self-sufficient |  |
| **ASSESSMENTS** | **Comments** |
|

|  |  |  |
| --- | --- | --- |
| **Document Date** | **Assessment Tool** | **Employment Goals & Needs Identified** |
| Date |  |  |
| Date |  |  |
| Date |  |  |
| Date |  |  |

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

Provided assessments after completion of Eligibility Determination

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

Basic Skills Screening Tool completed, signed, and dated by participant and career planner

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

Assessments completed within the previous six months

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

Assessments evaluated appropriate needs/barriers

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

Mental health status was assessedIf yes, name of assessment:

|  |  |  |
| --- | --- | --- |
| [ ]  Yes | [ ]  No | [ ]  N/A |

Assessments were appropriate for the participant and accommodations were provided as necessary |  |
| **ENROLLMENT SUMMARY** | **Comments** |
|

|  |  |
| --- | --- |
| **Employment goals identified during case progression:** | **Educational goals identified during case progression:** |
| 1. 2. 3.  | 1. 2. 3.  |

|  |  |
| --- | --- |
| **Barriers & Needs:** | **Co-enrolled Programs:** |
| 1.2. 3. | 1. 2. 3.  |

|  |  |  |
| --- | --- | --- |
| [ ]  Yes | [ ]  No | [ ]  N/A |

Participant was provided accommodations as necessary during program enrollment

|  |  |  |
| --- | --- | --- |
| [ ]  Yes | [ ]  No | [ ]  N/A |

If a need/barrier could not be addressed by the program, the participant was referred to other relevant programs/resources  If yes, referrals completed: |  |
| **INDIVIDUAL EMPLOYMENT PLAN (IEP)** | **Comments** |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Document Date** | **Document Type** | **Career Goal** | **Delineated into clearly defined, attainable,** **and manageable steps** | **Based on assessments** | **Signed and completed** [**Jointly**](https://dwd.wisconsin.gov/wioa/policy/08/08.3.htm#sectionOne) **with participant** |
| Date | Selection |  | [ ]  | [ ]  | [ ]  |
| Date | Selection |  | [ ]  | [ ]  | [ ]  |
| Date | Selection |  | [ ]  | [ ]  | [ ]  |
| Date | Selection |  | [ ]  | [ ]  | [ ]  |

Frequency of IEP review: Choose an item.

|  |
| --- |
| **IEP addressed the following areas:** |
| [ ]  | Achievement objectives |
| [ ]  | Appropriate service combination |
| [ ]  | Career pathways |
| [ ]  | Educational goals |
| [ ]  | Education/training needs |
| [ ]  | Employment/career goals |
| [ ]  | Participant's long-term goals |
| [ ]  | Participant's short-term goals |
| [ ]  | Supportive service needs |

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

The initial IEP was acknowledged, and the Initial and Comprehensive assessments were completed before the provision of another participation-causing service

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

IEP is comprehensive, individualized, and developed specifically to establish a plan that addresses participant needs, barriers, and goals and is updated as needed

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

Career goal identified in the IEP aligns with the results of completed assessments

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

Goals established in the IEP are appropriate for the participant's current skill level and experience based on assessments

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

IEP is developed in a way that assists the participant in increasing or maintaining economic self-sufficiency

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

Planned services are developed in a way that assists the participant in reaching the goals outlined in their IEP within a reasonable amount of time

|  |  |  |
| --- | --- | --- |
| [ ]  Yes | [ ]  No | [ ]  N/A |

If the participant needed career exploration before choosing a career goal, the participant was provided relevant resources to explore careers based on the results from the assessments and their interests/skills/abilities |  |
| [**Services**](https://dwd.wisconsin.gov/wioa/policy/appendices/A.4.htm) | **Comments** |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Open Date** | **Close Date** | **Service Provided** | **Direct Costs and Funding Source** | **Included on IEP** | **Comprehensive Case Notes** |
| Date | Date |  |  | [ ]  | [ ]  |
| Date | Date |  |  | [ ]  | [ ]  |
| Date | Date |  |  | [ ]  | [ ]  |
| Date | Date |  |  | [ ]  | [ ]  |
| Date | Date |  |  | [ ]  | [ ]  |
| Date | Date |  |  | [ ]  | [ ]  |
| Date | Date |  |  | [ ]  | [ ]  |
| Date | Date |  |  | [ ]  | [ ]  |

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

Services wereprovided in a comprehensive and individualized way that addresses participant needs, barriers, and goals

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

Services wereprovided based on Initial and Comprehensive assessments

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

Documentation in file supports service provision

|  |  |  |
| --- | --- | --- |
| [ ]  Yes | [ ]  No | [ ]  N/A |

Individualized career services were made available if determined appropriate for the participant to obtain/retain employment

|  |  |  |
| --- | --- | --- |
| [ ]  Yes | [ ]  No | [ ]  N/A |

Short-term pre-vocational services that prepares the participant for employment/training were made available |  |
| **TRAINING SERVICES** | **Comments** |
|

|  |  |
| --- | --- |
| **Training Program Name** | **Training Program Provider** |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

Participant is not [economically self-sufficient](https://dwd.wisconsin.gov/wioa/policy/08/08.3.htm#sectionFour) and requires training in order to obtain employment that leads to economic self-sufficiency

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

Participant's [need for training](https://dwd.wisconsin.gov/wioa/policy/08/08.5.htm) was determined prior to service provision

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

Training program aligns with the participant's interests, skills, and qualifications

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

Training services were provided in a manner that maximizes informed customer choice and allows the participant to enter a training program that best meets their needs

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

Participant has the resources necessary to complete the training program and supportive services were identified to assist with training completion

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

The training program is directly linked to [employment opportunities](https://dwd.wisconsin.gov/wioa/policy/08/08.5.htm)

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

The participant's training progress is monitored by the career planner and early intervention was provided as necessary in order to ensure the participant's success in the training program

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

Documentation in file supports service provision and funding

|  |  |  |
| --- | --- | --- |
| [ ]  Yes | [ ]  No | [ ]  N/A |

If an ITA was used to fund the training service, the training program is included on [Wisconsin's ETPL](https://dwd.wisconsin.gov/ETPL/home/programsearch)

|  |  |  |
| --- | --- | --- |
| [ ]  Yes | [ ]  No | [ ]  N/A |

Appropriate program referrals were explored, and the participant has applied for financial aid**X** |  |
| **SUPPORTIVE SERVICES** | **Comments** |
|

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

Participant was engaged in career/training services and required the supportive services to participate in the service

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

Appropriate [program referrals](https://dwd.wisconsin.gov/wioa/policy/08/08.6.htm#sectionThree) were explored before service provision

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

File contains documentation of payment and expenses (estimates, vouchers, receipts, milage logs, etc.) and the [documentation](https://dwd.wisconsin.gov/wioa/policy/08/08.6.htm#sectionFour) supports service provision and funding

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

Supportive services wereprovided in a comprehensive and individualized way that addresses participant needs, barriers, and goals

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

If a need for a service was identified, but not provided, file contains documentation indicating if the participant declined service or service was determined as no longer being necessary

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

If a service was not completed, file documentation indicates the reason why

|  |  |  |
| --- | --- | --- |
| [ ]  Yes | [ ]  No | [ ]  N/A |

Participant was informed of the supportive services available through the program

|  |  |  |
| --- | --- | --- |
| [ ]  Yes | [ ]  No | [ ]  N/A |

If a supportive service need could not be addressed by the program, the participant was referred to appropriate programs/resources |  |
| **PROGRAM EXIT AND FOLLOW-UP** | **Comments** |
|

|  |  |  |
| --- | --- | --- |
| **Participant's Enrollment Status** | **Date of Last Service Provision** | **Exit Date** |
| Choose an item. | Click to enter a date. |  |

|  |  |  |
| --- | --- | --- |
| [ ]  Yes | [ ]  No | [ ]  N/A |

If participant is still active, ASSET record accurately reflects actual service provision

|  |  |  |
| --- | --- | --- |
| [ ]  Yes | [ ]  No | [ ]  N/A |

If participant has exited, the exit was appropriate based on actual service provision

|  |  |  |
| --- | --- | --- |
| [ ]  Yes | [ ]  No | [ ]  N/A |

File contains appropriate documentation for an exclusionary exit[Source documentation](https://dwd.wisconsin.gov/wioa/policy/11/11.6.htm): [ ]  None found

|  |  |  |
| --- | --- | --- |
| [ ]  Yes | [ ]  No | [ ]  N/A |

Exited to unsubsidized employment (**Note:** Follow-up required.)Employment start date: Click to enter a date.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Follow-up Quarter** | **Date(s) Contacted** | **Attempted or Successful** | **Type of Contact** | **Services Offered or Provided** | **Services Provided** |
| 1st |  | Selection | Selection | Selection |  |
| 2nd |  | Selection | Selection | Selection |  |
| 3rd |  | Selection | Selection | Selection |  |
| 4th |  | Selection | Selection | Selection |  |

|  |  |  |
| --- | --- | --- |
| [ ]  Yes | [ ]  No | [ ]  N/A |

Follow-up services were made available for a minimum of 12 months following the first day of employment

|  |  |  |
| --- | --- | --- |
| [ ]  Yes | [ ]  No | [ ]  N/A |

Multiple forms of communication were used if participant did not respond to prior contact attempts |  |
| **LOCAL POLICY** | **Comments** |
|

|  |  |  |
| --- | --- | --- |
| [ ]  Yes | [ ]  No | [ ]  N/A |

Participant contact was in accordance with Local Policy

|  |  |  |
| --- | --- | --- |
| [ ]  Yes | [ ]  No | [ ]  N/A |

Participant IEP updates were in accordance with Local Policy |  |
| **EVALUATION OF SERVICE DELIVERY** | **Comments** |
|

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

Participant seemed easily able to navigate programmatic requirements procedures and artificial barriers were not established to access services

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

Regular, timely, and effective communication occurred throughout participation

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

Complete and accurate documentation is seen in the file

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

Participation resulted in an overall positive outcome for the participant, including achieving MSGs and CredentialsOutcome details:

|  |  |  |
| --- | --- | --- |
| [ ]  Yes | [ ]  No | [ ]  N/A |

Participant obtained unsubsidized employment in a [good job](https://www.dol.gov/sites/dolgov/files/goodjobs/Good-Jobs-Summit-Principles-Factsheet.pdf) after program completion

|  |  |  |
| --- | --- | --- |
| [ ]  Yes | [ ]  No | [ ]  N/A |

If unsubsidized employment has not yet been obtained, job search assistance was made available to the participant at program completion |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **FINDINGS** | **AREAS OF CONCERN** |  **AREAS OF STRENGTH** | **SUGGESTIONS FOR IMPROVEMENT** |
|  |  |  |  |