



WORKFORCE INNOVATION AND OPPORTUNITY ACT PARTICIPANT FILE REVIEW (YOUTH)

Local Area: _____ **Date:** _____

I. Participant Information:

Name:		State ID #:	
Program Dates:	Application:	Eligibility:	Closure: Exit:
Co-enrolled programs			

II. Youth Eligibility and Enrollment Documentation:

	Yes	No	N/A	Describe Documentation in File
U.S. Citizen or Authorized to work in the U.S.				
Selective Service Registration, if applicable				

In-School Youth Eligibility Requirements:

	Yes	No	N/A	Describe Documentation in File
Attending School				
Not younger than 14 or older than 21 at time of enrollment				
Low-income (see Section III for other low income criteria such as family size and annualize family income):				
And one or more of the following:				
<input type="checkbox"/> Basic skills deficient (include assessment type, date tested, score received):				
<input type="checkbox"/> English language learner				
<input type="checkbox"/> An offender				
<input type="checkbox"/> A homeless youth or a runaway, in foster care or has aged out of the foster care system				
<input type="checkbox"/> Pregnant or parenting				
<input type="checkbox"/> A youth who is an individual with a disability				
<input type="checkbox"/> An individual who requires additional assistance to complete an educational program or to secure or hold employment				

Out-of-School Youth Eligibility Requirements:

	Yes	No	N/A	Describe Documentation in File
Not attending any school				
Not younger than 16 or older than 24 at time of enrollment				
And one or more of the following:				
<input type="checkbox"/> A secondary school dropout				
<input type="checkbox"/> A youth who is within the age of compulsory school attendance but has not attended school for at least the most recent complete school year calendar quarter				
<input type="checkbox"/> A recipient of a secondary school diploma or its recognized equivalent who is a <u>low-income</u> individual <u>and</u> is basic skills deficient <u>or</u> an English Language Learner (for low income see the criteria in Section III, such as family size and annualized family income):				
<input type="checkbox"/> An offender				
<input type="checkbox"/> A homeless individual, a homeless child or youth, a runaway, in foster care or has aged out of the foster care system, a child eligible for assistance under Sec. 477 of the Social Security Act, or in an out-of-home placement.				
<input type="checkbox"/> Pregnant or parenting				
<input type="checkbox"/> A youth who is an individual with a disability				
<input type="checkbox"/> A <u>low-income</u> individual who requires additional assistance to enter or complete an educational program or to secure or hold employment (for low income see the criteria in Section III, such as family size and annualize family income):				

III. Other Individual Criteria:

	Yes	No	N/A	Describe Documentation in File
Social Security Number				
Veteran Status/Type				
Transitioning Service Member				
Disability Status				
Employment Status at Program Entry				
Highest School Grade (1-12) Completed at Program Entry				
High School Diploma or equivalent received at Program Entry				
Highest Education level completed at Program Entry				
School Status at Program Entry				
Pell Grant Recipient				
Income (include Family Size and Annualized Family Income): Was low income met? <input type="checkbox"/> Yes <input type="checkbox"/> No (for disabled youth include youth's income only)				
Public Assistance (Individual or family member in last 6 months): TANF, SSI, SNAP, General Assistance, Refugee Cash Assistance				
Public Assistance (Individual in last 6 months): SSDI				
Youth living in a high poverty area as defined in State policy				
Eligible for free or reduced price lunch under the federal <u>Richard B. Russell National School Lunch Act</u> during the most recent school year				

IV. Objective Assessment (Required per TEGL 21-16)

Has the participant received an Objective Assessment? Yes No

Does it include a review of:

<input type="checkbox"/> Basic skills	<input type="checkbox"/> Interests
<input type="checkbox"/> Occupational skills	<input type="checkbox"/> Aptitudes, including interests and aptitudes for nontraditional jobs

<input type="checkbox"/> Prior work experience	<input type="checkbox"/> Supportive Service needs
<input type="checkbox"/> Employability	<input type="checkbox"/> Developmental needs

V. Individualized Service Strategy (ISS)

Does the ISS identify the following?

- Education goals Yes No
- Employment goals Yes No
- Assessment results Yes No
- Appropriate achievement objectives or benchmarks/milestones Yes No
- Appropriate services Yes No
- Any reasonable accommodations necessary Yes No

Did the career planner and the participant sign the ISS? Yes No

Was the ISS reviewed with the participant, at a minimum, every 90 days? Yes No

VI. Youth Program Elements

On what date did the participant receive his/her first service?

Comment: _____

Which of the 14 program elements has the participant received?

- Tutoring, study skills training, instruction, and dropout prevention;
- Alternative secondary school services or dropout recovery services;
- Paid and unpaid work experiences;
 - Summer employment opportunities and other employment opportunities available through the school year;
 - Pre-apprenticeship programs;
 - Internships;
 - Job shadowing;
 - On-the-Job training opportunities;
- Occupational skills training;
- Leadership development opportunities;
- Supportive services;
- Adult mentoring;
- Follow-up services;
- Comprehensive guidance and counseling;
- Concurrent education with workforce preparation and training for a specific occupation;
- Financial literacy education;
- Entrepreneurial skills training;
- Services that provide labor market information (career awareness, career exploration services);
- Post-secondary preparation and transition activities.

VII. Training Services

Is there justification/documentation of the need for training services in the participant file for the following?

	Yes	No	N/A	Describe Documentation in File
Is unlikely or unable to obtain or retain employment, that leads to economic self-sufficiency or wages comparable to or higher than wages from previous employment;				
Is in need of training services to obtain or retain employment that leads to economic self-sufficiency or wages				

comparable to or higher than wages from previous employment;				
Has the skills and qualifications to successfully participate in the selected program of training services;				
Is unable to obtain grant assistance from other sources to pay the costs of training, including such sources as State-funded training funds or Federal Pell Grants;				
Is a member of a worker group covered under a petition filed for Trade Adjustment Assistance and is awaiting a determination; and				
Selected a program of training services that is directly linked to the employment opportunities in the local area or the planning region, or in another area to which the individual is willing to commute or relocate.				

Training Dates and Documentation:

Training Dates:	Documentation Source:	Do the dates match MWE entry?
Date started:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Date completed or withdrew:		<input type="checkbox"/> Yes <input type="checkbox"/> No

Comment: _____

Training Specifications:

Type of Training: Occupational Skills Training, Customized Training, Entrepreneurial Skills Training, Secondary Education/GED Other, please specify:

Comment: _____

Does the training match the informed customer choice from the assessment and ISS? Yes No

Is the selected training directly linked to employment in in-demand occupations in the local area?

Yes No

Does the training lead to the attainment of a recognized postsecondary credential? Yes No

Are training services provided by an eligible training provider from the State Eligible Training Provider List? Yes No N/A

If not, which training exception/contract exception was applied and how was it documented in the file?

Comment: _____

What is the duration of the ITA/Training Contract?

Comment: _____

What is the amount of the ITA/Training Contract?

Comment: _____

Was the availability of financial aid reviewed as part of the assessment and development of a training plan? Yes No N/A

Are other funding sources used to pay for the training? Yes No If so, identify:

Comment: _____

Did the training funds cover books, fees, etc., in addition to tuition? Yes No

If OJT, complete the following:

Does the ISS justify placing the individual in an OJT contract? Yes No

Is the OJT contract in the participant file? Yes No

Did all the required parties sign the contracts? Yes No

Does the contract cover policies, procedures, definitions as required by the LWDA? Yes No

Does the contract include requirements for selection of the participant? Yes No
 Is there evidence in the file that the participant received a copy of the training outline? Yes No
 Does the training outline align with the job for which the participant is being trained? Yes No
 Are the number of hours worked being documented? Yes No
 Are the participant's wages specified in the contracts? Yes No
 Was the OJT completed? Yes No
 If completed, did the employer retain the participant beyond the end of the OJT contract? Yes No

Training Outcomes:

Was a credential attained for the training provided? Yes No If yes, was it a Recognized Post-Secondary Credential, Secondary School Diploma, or GED?
 Is there documentation of the credential in the file? Yes No
 Was the credential attainment entered into MWE? Yes No
 Was employment attained after the receipt of training services? Yes No If so, where?
 Comment: _____

Measurable Skill Gains:

If enrolled in education or training programs, indicate the measure of progress and documentation:

Measure	Describe Documentation in File
<input type="checkbox"/> Achievement of at least one educational functioning level of a participant who is receiving instruction below the postsecondary education level.	
<input type="checkbox"/> Attainment of a secondary school diploma or its recognized equivalent.	
<input type="checkbox"/> Secondary or postsecondary transcript or report card for a sufficient number of credit hours that shows a participant is meeting the State unit's academic standards.	
<input type="checkbox"/> Satisfactory or better progress report, towards established milestones, such as completion of OJT or completion of one year of apprenticeship program.	
<input type="checkbox"/> Successful passage of an exam that is required for a particular occupation or progress in attaining technical or occupational skills as evidenced by trade-related benchmarks, such as knowledge-based exams.	

VI. Supportive Services:

Did the participant receive supportive services? Yes No If yes, indicate in chart below.

WIOA SUPPORTIVE SERVICES	
<input type="checkbox"/> Assistance with transportation	<input type="checkbox"/> Assistance with housing
<input type="checkbox"/> Assistance with child care and dependent care	<input type="checkbox"/> Needs-related payments
<input type="checkbox"/> Linkages to community services	<input type="checkbox"/> Assistance with educational testing
<input type="checkbox"/> Reasonable accommodations for youth with disabilities	<input type="checkbox"/> Assistance with uniforms or other appropriate work attire and work-related tools
<input type="checkbox"/> Legal aid services	<input type="checkbox"/> Referrals to health care
<input type="checkbox"/> Assistance with books, fees, school supplies, and other necessary items for students enrolled in postsecondary education classes	<input type="checkbox"/> Payments and fees for employment and training-related applications, tests, and certifications

Were external referrals made and documented in the file? Yes No If yes, was there follow-up?
 Comments _____

Did the participant receive a supportive service that involved a payment to them? Yes No
 If yes, was the payment(s) documented in the participant file? Yes No
 Was the supportive service entered into the MWE? Yes No

VII. Follow-Up Services:

Did the youth receive follow-up services for at least 12 months from the date of exit? Yes No
 Is the participant employed in the 2nd Quarter after Exit? Yes No
 Is the participant employed in the 4th Quarter after Exit? Yes No

If the participant attended training, did they receive a Recognized Post-Secondary credential, Secondary School Diploma or GED within one year after training completed? Yes No
 If yes, what is the date received and does the documented date match the MWE entry? Yes No
 Comment: _____

If they received a Secondary School Diploma or GED, is the youth employed within one year after program exit? Yes No
 If they previously attained or received a Secondary School Diploma or GED, is the youth enrolled in post-secondary education or training program leading to Recognized Post-Secondary credential within one year after exit? Yes No
 What services were provided during follow-up? Is there documentation of the follow-up service in the participant file? Yes No Describe.
 Comment: _____

VIII. Other:

Did the youth enter employment, military service, or postsecondary education? Yes No
 Comment: _____

Case Closure: Are all WIOA services completed and case closure entered in MWE? Yes No
 Is the participant file well organized based on local area procedures? Yes No
 Comment: _____

Are case notes sufficient to tell an adequate story of the participant's progress? Yes No
 Comment: _____

Are case notes well organized and easy to read and follow local area procedures? Yes No
 Comment: _____

When services over 90 days long were recorded, was there evidence of continued service being given?
 Yes No N/A
 If no, describe: _____

	Yes	No	Comments
Does the participant's folder contain an "Equal Opportunity is the Law" Notice?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, was it signed by the participant?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the participant's folder contain a Complaint/Grievance Procedure Notice?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, was it signed by the participant?	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments: _____

Case Manager: _____ Date _____

Questionnaire Completed By: _____ Date: _____