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

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| **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 | | Dislocated Worker Program Eligibility Status | Income Level |  |  |  |  |  | | --- | --- | --- | --- | | **Service Name** | **Actual Open** | **Actual Close** | **Completion Code** | | Eligibility Determination | Date | Date | Selection | | Initial Assessment | Date | Date | Selection | | Comprehensive Assessment | Date | Date | Selection | | IEP Initial Development | Date | Date | Selection |  |  |  | | --- | --- | | **Program Exit** | | | Program Exit Date | Exclusion Reason | | Education at Exit | Employed at Exit |   X |  |

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| **DISLOCATED WORKER PROGRAM ELIGIBILITY** | **Comments** |
| |  |  | | --- | --- | | Yes | No |   Local application form signed & dated: Click to enter a date.   |  |  | | --- | --- | | Yes | No |   Eligible to work in the U.S.  [Source documentation](https://dwd.wisconsin.gov/wioa/policy/12/12.4.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/12/12.4.htm#sectionOne): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  None found  Qualifying Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Qualifying Dislocation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  | | --- | --- | | Yes | No |   Met all criteria for at least one Dislocated Worker [category](https://dwd.wisconsin.gov/wioa/policy/08/08.2.htm#sectionTwo):  **1. Individual or Small Group Layoff**  Terminated/Laid off or Received Notice of Termination/Layoff **AND**  Unlikely to return to previous industry **AND**  UI-Eligible or Exhausted **OR** Employer UI ineligible + sufficient employment duration  [UI source documentation](https://dwd.wisconsin.gov/wioa/policy/12/12.4.htm#sectionTwo): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  None found  **2. Permanent Closure or Mass Layoff**  Terminated/Laid off or Received Notice of Permanent Closure or Mass Layoff **OR**  General Announcement of Closure (within 180 days) **OR**  General Announcement of Closure ([more than 180 days or no date provided](https://dwd.wisconsin.gov/wioa/policy/08/08.2.htm#sectionTwo))  **3. Separating or Separated Members of the U.S. Armed Forces**  Discharge is anything other than Dishonorable  [Source documentation](https://dwd.wisconsin.gov/wioa/policy/12/12.4.htm#sectionTwo): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  None found  **4. Self-Employed**  Unemployed due to General Economic Conditions or Natural Disaster  **5. Displaced Homemaker**  Unemployed or underemployed and having difficulty obtaining or upgrading employment **AND**  Formerly dependent on income of a family member, but no longer supported **OR** Dependent spouse of active duty svc member; income reduced due to deployment, duty orders, perm change of station, svc connected death/disability  **6. Military Spouse**  Unemployed or underemployed and having difficulty obtaining or upgrading employment **AND**  Lost employment due to relocation of spouse's duty station |  |
| **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** | **Assessment Purpose** | **Met Intended Purpose** | | Date |  |  |  |  | | Date |  |  |  |  | | Date |  |  |  |  | | Date |  |  |  |  | | Date |  |  |  |  | | Date |  |  |  |  | | Date |  |  |  |  | | Date |  |  |  |  |  |  |  | | --- | --- | | **Assessments addressed the following areas:** | | |  | Abilities (including any skill gaps) | |  | Aptitudes (including job skills and interests) | |  | Educational history | |  | Employment barriers | |  | Employment goals | |  | Employment history/work experience | |  | English language proficiency | |  | Literacy proficiency | |  | Numeracy proficiency | |  | Supportive services needs |  |  |  | | --- | --- | | 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 assessed  If 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** | | | | | | |  | Aging Services |  | English Language Learner |  | Income Assistance | |  | Basic Skills Deficient |  | Ex-Offender Programs |  | Legal & Law Enforcement | |  | Childcare Assistance |  | Financial Literacy Training |  | Mental Health | |  | Clothing & Household Goods |  | Food |  | Substance Use | |  | Disability Services |  | Foster Care |  | Transportation | |  | Education/Training Assistance |  | Health & Dental |  | Utilities | |  | Employment Assistance |  | Housing & Shelter |  | Veterans and Eligible Spouses | |  | Other: | | | | |  |  |  | | --- | --- | | **Co-enrolled Programs** | | |  | Collaboration of Wisconsin Rural Investment in Community Healthcare (COW) | |  | Department of Corrections (DOC) Re-Entry Program | |  | Division of Vocational Rehabilitation (DVR) | |  | FoodShare Employment and Training (FSET) | |  | Office of Veterans Employment Services (OVES) | Jobs for Veterans State Grants (JVSG) | |  | Support to Communities (STC) | |  | Trade Adjustment Assistance (TAA) | |  | Windows to Work | |  | WIOA Title 1 Adult | |  | WIOA Title 1 Youth | |  | Wisconsin Apprenticeship | |  | Wisconsin Works (W-2) | |  | Worker Advancement Initiative (WAI) | |  | Other: |   X   |  |  |  | | --- | --- | --- | | Yes | No | N/A |   Participant received an orientation involves providing introductory information about the job center and the programs and services provided through the one-stop system   |  |  |  | | --- | --- | --- | | Yes | No | N/A |   Participant was provided access to language translation services   |  |  |  | | --- | --- | --- | | 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 |  |  |  |  | | 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 |   Acknowledged initial IEP after completion of Initial and Comprehensive assessments   |  |  | | --- | --- | | Yes | No |   IEP is comprehensive, individualized, and developed specifically to establish a plan that addresses participant needs, barriers, and goals   |  |  | | --- | --- | | Yes | No |   IEP is developed in a way that can be easily understood by the participant   |  |  | | --- | --- | | Yes | No |   Career goal identified in the IEP aligns with the results of completed assessments   |  |  | | --- | --- | | Yes | No |   Action steps outlined in the IEP aligns with the career goal identified   |  |  | | --- | --- | | Yes | No |   Goals established in the IEP are appropriate for the participant's current skill level and experience based on assessments   |  |  | | --- | --- | | Yes | No |   Participant received relevant Labor Market Information (LMI) or resources to obtain relevant LMI related to their career goal   |  |  | | --- | --- | | 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   |  |  |  | | --- | --- | --- | | Yes | No | N/A |   IEP was developed in partnership with other co-enrolled programs within the One-Stop delivery system   |  |  |  | | --- | --- | --- | | Yes | No | N/A |   If known, the reason the participant enrolled in the program was addressed during IEP development |  |
| **CAREER SERVICES** | **Comments** |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Date** | **Type of Service Provided** | **Based on Assessments** | **Aligns with Goals** | **Comprehensive Case Notes** | | Date | Selection |  |  |  | | Date | Selection |  |  |  | | Date | Selection |  |  |  | | Date | Selection |  |  |  | | Date | Selection |  |  |  | | Date | Selection |  |  |  | | Date | Selection |  |  |  | | Date | Selection |  |  |  |  |  |  | | --- | --- | | Yes | No |   An IEP was acknowledged, and the Initial and Comprehensive assessments were completed before the provision of another participation-causing service   |  |  | | --- | --- | | Yes | No |   Career services wereprovided in a comprehensive and individualized way that addresses participant needs, barriers, and goals   |  |  | | --- | --- | | 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   |  |  |  | | --- | --- | --- | | Yes | No | N/A |   There was appropriate collaboration within the One-Stop delivery system |  |
| **TRAINING SERVICES** | **Comments** |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Start Date** | **End Date** | **Type of Service Provided** | **Direct Costs and Funding Source** | **Based on Assessments** | **Aligns with Goals** | **Comprehensive Case Notes** | | Date | Date | Selection |  |  |  |  | | Date | Date | Selection |  |  |  |  | | Date | Date | Selection |  |  |  |  | | Date | Date | Selection |  |  |  |  | | Date | Date | Selection |  |  |  |  | | Date | Date | Selection |  |  |  |  | | Date | Date | Selection |  |  |  |  | | Date | Date | Selection |  |  |  |  |  |  |  | | --- | --- | | **Training Program Name** | **Training Program Provider** | |  |  | |  |  | |  |  |  |  |  | | --- | --- | | Yes | No |   An IEP was acknowledged, and the Initial and Comprehensive assessments were completed before the provision of another participation-causing service   |  |  | | --- | --- | | 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   |  |  |  | | --- | --- | --- | | Yes | No | N/A |   There was appropriate collaboration within the One-Stop delivery system   |  |  |  |  | | --- | --- | --- | --- | | **Date** | **Measurable Skill Gains** | **Date** | **Credential Attainment** | | **Type** | **Type** | | Date |  | Date |  | | Date |  | Date |  | | Date |  | Date |  | | Date |  | Date |  | | Date |  | Date |  | | Date |  | Date |  |   **x** |  |
| **SUPPORTIVE SERVICES** | **Comments** |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Date** | **Type of Support Provided** | **Direct Costs and Funding Source** | **Based on Assessments** | **Included on IEP** | **Comprehensive Case Notes** | | Date |  |  |  |  |  | | Date |  |  |  |  |  | | Date |  |  |  |  |  | | Date |  |  |  |  |  | | Date |  |  |  |  |  | | Date |  |  |  |  |  | | Date |  |  |  |  |  | | Date |  |  |  |  |  |  |  |  | | --- | --- | | 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 | N/A |   Participant was informed of the supportive services available through the program   |  |  |  | | --- | --- | --- | | Yes | No | N/A |   There was appropriate collaboration within the One-Stop delivery system   |  |  |  | | --- | --- | --- | | Yes | No | N/A |   If a supportive service need could not be addressed by the program, the participant was referred to appropriate programs/resources  If yes, referrals completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **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 |  |
| **EVALUATION OF SERVICE DELIVERY** | **Comments** |
| |  |  | | --- | --- | | Yes | No |   Services wereprovided in a comprehensive and individualized way that addresses participant needs/barriers/goals identified in the IEP and throughout case progression   |  |  | | --- | --- | | Yes | No |   Services provided aligned with the participant's IEP and the results from assessments   |  |  | | --- | --- | | Yes | No |   IEP was reviewed and updated as barriers/needs, employment/education goals, and planned services changed   |  |  | | --- | --- | | Yes | No |   Participant seemed easily able to navigate programmatic requirements procedures and artificial barriers were not established to access services   |  |  | | --- | --- | | Yes | No |   During participation, active discussion occurred with the participant to ensure that needs/barriers were being addressed and newly identified needs/barriers were considered during service provision   |  |  | | --- | --- | | Yes | No |   If a need/barrier was identified, but not addressed during participation, file contains documentation indicating the reason why   |  |  | | --- | --- | | 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 |   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  Outcome 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 |  |

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| **FINDINGS** | **AREAS OF CONCERN** | **BEST PRACTICES AND STRENGTHS** | **SUGGESTIONS FOR IMPROVEMENT** |
|  |  |  |  |