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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 | | Youth Program Eligibility Status | Income Level |  |  |  | | --- | --- | | **Program Exit** | | | Program Exit Date | Exclusion Reason | | Education at Exit | Employed at Exit |   X |  |

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| **YOUTH PROGRAM ELIGIBILITY SUMMARY** | **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/12/12.5.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/12/12.5.htm#sectionOne):  None found or not applicable   |  |  | | --- | --- | | **Youth Program Status** | | |  | Enrolled as [ISY](https://dwd.wisconsin.gov/wioa/policy/10/10.3.htm#sectionTwo) | |  | Enrolled as [OSY](https://dwd.wisconsin.gov/wioa/policy/10/10.3.htm#sectionThree) |   x |  |
| **IN-SCHOOL YOUTH (ISY) | YOUTH PROGRAM ELIGIBILITY** | **Comments** |
| |  |  | | --- | --- | | Yes | No |   Attending secondary or post-secondary school   |  |  | | --- | --- | | Yes | No |   Age 14 – 21 years  [Source documentation](https://dwd.wisconsin.gov/wioa/policy/12/12.5.htm#sectionOne):  None found   |  |  | | --- | --- | | Yes | No |   [Low-income](https://dwd.wisconsin.gov/wioa/policy/appendices/A.5.htm) determination   |  |  |  |  | | --- | --- | --- | --- | | **Individual** [**Income**](https://dwd.wisconsin.gov/wioa/policy/appendices/A.7.htm) | | **Family** [**Income**](https://dwd.wisconsin.gov/wioa/policy/appendices/A.7.htm) | | | **Past Six Months** | **Annualized** | **Past Six Months** | **Annualized** | |  |  |  |  |   Family Size:  Disability – family size of 1   |  |  |  |  | | --- | --- | --- | --- | | **Low-Income Status Checklist** | | [**Source Documentation**](https://dwd.wisconsin.gov/wioa/policy/12/12.5.htm#sectionThree) | **None Found** | |  | At/Below 100% Federal Poverty (FPL) [Guidelines](https://dwd.wisconsin.gov/wioa/llsil-fpl.htm) |  |  | |  | At/Below 70% of Lower Living Standard Income Level (LLSIL) [Guidelines](https://dwd.wisconsin.gov/wioa/llsil-fpl.htm) |  |  | |  | FoodShare Wisconsin | Supplemental Nutrition Assistance Program (SNAP) |  |  | |  | Foster Care |  |  | |  | Free/Reduced Lunch |  |  | |  | Homeless |  |  | |  | Living in High Poverty Area |  |  | |  | Other Income Based Cash Public Assistance |  |  | |  | Social Security Disability Insurance (SSDI) |  |  | |  | Supplemental Security Income (SSI) |  |  | |  | Temporary Assistance for Needy Families (TANF) | Wisconsin Works (W-2) |  |  |  |  |  | | --- | --- | | Yes | No |   Evidence of at least one of the [education/employment barriers](https://dwd.wisconsin.gov/wioa/policy/10/10.3.htm#sectionSix) listed below:  **1. Basic Skills Deficient**  Applies  [Source documentation](https://dwd.wisconsin.gov/wioa/policy/12/12.5.htm#sectionFour):  None found  **2. English Language Learner**  Applies  **3.** **Offender or Ex-Offender**  Applies  **4.** **Homeless or Runaway**  Applies  **5. Foster Care**  Applies  **6. Pregnant or Parenting**  Applies  **7. Individual with a Disability**  Applies  **8. Requires** [**Additional Assistance**](https://dwd.wisconsin.gov/wioa/policy/12/12.5.htm#sectionFour)  Applies |  |
| **OUT-OF-SCHOOL YOUTH (OSY) | YOUTH PROGRAM ELIGIBILITY** | **Comments** |
| |  |  | | --- | --- | | Yes | No |   Not attending secondary or post-secondary school   |  |  | | --- | --- | | Yes | No |   Age 16 – 24 years  [Source documentation](https://dwd.wisconsin.gov/wioa/policy/12/12.5.htm#sectionOne):  None found   |  |  | | --- | --- | | Yes | No |   Evidence of at least one of the [education/employment barriers](https://dwd.wisconsin.gov/wioa/policy/10/10.3.htm#sectionSix) listed below:  **1.** **Offender or Ex-Offender**  Applies  **2.** **Homeless or Runaway**  Applies  **3. Foster Care**  Applies  **4. Pregnant or Parenting**  Applies  **5. Individual with a Disability**  Applies  **6. Low-Income and Requires** [**Additional Assistance**](https://dwd.wisconsin.gov/wioa/policy/12/12.5.htm#sectionFour)  Applies  Low-income determination documented  **7. School Dropout**  Applies  **8. Within Compulsory Age of Secondary School Attendance but Not Attending**  Applies  **9. Low-Income with Secondary School Diploma/Equivalent and Basic Skills Deficient**  Applies  Low-income determination documented  [Source documentation](https://dwd.wisconsin.gov/wioa/policy/12/12.5.htm#sectionFour):  None found  **10. Low-Income with Secondary School Diploma/Equivalent and English Language Learner**  Applies  Low-income determination documented   |  |  |  | | --- | --- | --- | | Yes | No | N/A |   [Low-income](https://dwd.wisconsin.gov/wioa/policy/appendices/A.5.htm) determination   |  |  |  |  | | --- | --- | --- | --- | | **Individual** [**Income**](https://dwd.wisconsin.gov/wioa/policy/appendices/A.7.htm) | | **Family** [**Income**](https://dwd.wisconsin.gov/wioa/policy/appendices/A.7.htm) | | | **Past Six Months** | **Annualized** | **Past Six Months** | **Annualized** | |  |  |  |  |   Family Size:  Disability – family size of 1   |  |  |  |  | | --- | --- | --- | --- | | **Low-Income Status Checklist** | | [**Source Documentation**](https://dwd.wisconsin.gov/wioa/policy/12/12.5.htm#sectionThree) | **None Found** | |  | At/Below 100% Federal Poverty (FPL) [Guidelines](https://dwd.wisconsin.gov/wioa/llsil-fpl.htm) |  |  | |  | At/Below 70% of Lower Living Standard Income Level (LLSIL) [Guidelines](https://dwd.wisconsin.gov/wioa/llsil-fpl.htm) |  |  | |  | FoodShare Wisconsin | Supplemental Nutrition Assistance Program (SNAP) |  |  | |  | Foster Care |  |  | |  | Free/Reduced Lunch |  |  | |  | Homeless |  |  | |  | Living in High Poverty Area |  |  | |  | Other Income Based Cash Public Assistance |  |  | |  | Social Security Disability Insurance (SSDI) |  |  | |  | Supplemental Security Income (SSI) |  |  | |  | Temporary Assistance for Needy Families (TANF) | Wisconsin Works (W-2) |  |  |   X |  |
| **OBJECTIVE ASSESSMENT** | **Comments** |
| |  |  |  | | --- | --- | --- | | **Document Date** | **Assessment Tool** | **Employment Goals & Needs Identified** | | Date |  |  | | Date |  |  | | Date |  |  | | Date |  |  | | Date |  |  |  |  |  | | --- | --- | | **Assessments addressed the following** [**areas**](https://dwd.wisconsin.gov/wioa/policy/10/10.2.htm#sectionThree)**:** | | |  | Academic levels | |  | Areas of strength | |  | Basic skills levels | |  | Developmental needs | |  | Employability | |  | Interests and aptitudes | |  | Occupational skills | |  | Prior work experience | |  | Service needs (including supportive services) |  |  |  | | --- | --- | | Yes | No |   Provided assessments after completion of Eligibility Determination   |  |  | | --- | --- | | 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: |  |
| **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 SERVICE STRATEGY (ISS)** | **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/10/10.2.htm#sectionFour) **with Participant** | | Date | Selection |  |  |  |  | | Date | Selection |  |  |  |  | | Date | Selection |  |  |  |  | | Date | Selection |  |  |  |  | | Date | Selection |  |  |  |  |   Frequency of ISS review: Choose an item.   |  |  | | --- | --- | | **ISS 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 ISS was acknowledged and the Objective Assessment was completed before the provision of another participation-causing service   |  |  | | --- | --- | | Yes | No |   ISS is comprehensive, individualized, and developed specifically to establish a plan that addresses participant needs, barriers, and goals   |  |  | | --- | --- | | Yes | No |   Goals identified in the ISS aligns with the results of completed assessments   |  |  | | --- | --- | | Yes | No |   Action steps outlined in the ISS aligns with the career goal identified   |  |  | | --- | --- | | Yes | No |   Goals established in the ISS are appropriate for the participant's current skill level and experience based on assessments   |  |  |  | | --- | --- | --- | | 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 |  |
| [**YOUTH PROGRAM ELEMENTS OVERVIEW**](https://dwd.wisconsin.gov/wioa/policy/10/10.5.htm#sectionThree) | **Comments** |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Open Date** | **Close Date** | **Element Provided** | **Direct Costs and Funding Source** | **Included on ISS** | **Comprehensive Case Notes** | | Date | Date |  |  |  |  | | Date | Date |  |  |  |  | | Date | Date |  |  |  |  | | Date | Date |  |  |  |  | | Date | Date |  |  |  |  | | Date | Date |  |  |  |  | | Date | Date |  |  |  |  | | Date | Date |  |  |  |  |  |  |  | | --- | --- | | Yes | No |   The participant's program eligibility was determined, objective assessment was completed, and an ISS was developed and completed before the provision of a Youth program element   |  |  | | --- | --- | | Yes | No |   Youth elements wereprovided in a comprehensive and individualized way that addresses participant needs, barriers, and goals   |  |  | | --- | --- | | Yes | No |   [Documentation](https://dwd.wisconsin.gov/wioa/policy/12/12.5.htm#sectionSix) in file supports service provision   |  |  |  | | --- | --- | --- | | Yes | No | N/A |   Short-term pre-vocational services that prepares the participant for employment/training were made available |  |
| **OCCUPATIONAL SKILLS TRAINING** | **Comments** |
| |  |  |  |  | | --- | --- | --- | --- | | **Training Program Name** | **Training Program Provider** | **Recognized Postsecondary Credential** | **Sufficient Duration** **to Impart Necessary Skills** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  | | --- | --- | | Yes | No |   Training program is outcome-oriented and focused on an occupational goal specified in the ISS   |  |  | | --- | --- | | Yes | No |   Training leads to an industry and occupation that puts the participant on a pathway to high quality jobs   |  |  | | --- | --- | | 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 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](https://dwd.wisconsin.gov/wioa/policy/12/12.5.htm#sectionSix) in file supports service provision and funding   |  |  | | --- | --- | | Yes | No |   [Incentives](https://dwd.wisconsin.gov/wioa/policy/10/10.6.htm#sectionFour) were identified and provided accordingly to assist with participation in training service   |  |  |  | | --- | --- | --- | | 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)  **x** |  |
| **WORK EXPERIENCE** | **Comments** |
| |  |  | | --- | --- | | **Work Site** | **Job Title** | |  |  | |  |  | |  |  |  |  |  | | --- | --- | | Yes | No |   A comprehensive [worksite agreement](https://dwd.wisconsin.gov/wioa/policy/12/12.6.htm) was developed outlining the training plan/job description and signed prior to work experience start date   |  |  | | --- | --- | | Yes | No |   Work experience leads to an industry and occupation that puts the participant on a pathway to high quality jobs   |  |  | | --- | --- | | Yes | No |   The participant's work experience progress is monitored by the career planner and early intervention was provided as necessary in order to ensure the participant's success in the work experience   |  |  | | --- | --- | | Yes | No |   [Documentation](https://dwd.wisconsin.gov/wioa/policy/12/12.5.htm#sectionSix) in file supports service provision and funding   |  |  | | --- | --- | | Yes | No |   [Incentives](https://dwd.wisconsin.gov/wioa/policy/10/10.6.htm#sectionFour) were identified and provided accordingly to assist with participation in work experience   |  |  |  | | --- | --- | --- | | Yes | No | N/A |   If the work experience was paid, the participant received the agreed upon wage identified in the worksite agreement |  |
| **SUPPORTIVE SERVICES** | **Comments** |
| |  |  | | --- | --- | | Yes | No |   Supportive services provided were necessary for participation in WIOA activities   |  |  | | --- | --- | | Yes | No |   File contains documentation of payment and expenses (estimates, vouchers, receipts, mileage logs, etc.) and the [documentation](https://dwd.wisconsin.gov/wioa/policy/12/12.5.htm#sectionSix) 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 |   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   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **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 last expected date of service in the Youth Program and any co-enrolled programs   |  |  |  | | --- | --- | --- | | 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 ISS 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 Credentials  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** |
|  |  |  |  |