|  |  |
| --- | --- |
| **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 |
| Youth Program Eligibility Status | Income Level |

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

X |  |

|  |  |
| --- | --- |
| **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 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** | **BEST PRACTICES AND STRENGTHS** | **SUGGESTIONS FOR IMPROVEMENT** |
|  |  |  |  |