|  |  |
| --- | --- |
| **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 | Preferred 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**](https://dwd.wisconsin.gov/wioa/policy/08/08.2.htm#sectionOne) | **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 |  |
| [**PRIORITY OF SERVICE (POS**](https://dwd.wisconsin.gov/wioa/policy/08/08.3.htm#sectionTwo)**)** | **Comments** |
|

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

There is/was a wait list for the Adult Program during the timeframe being monitored.**PRIORITY OF SERVICE (POS) Level:** Choose an item.

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

ASSET Program fields support the individual's [POS category](https://dwd.wisconsin.gov/wioa/policy/08/08.3.htm#sectionTwo)

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

POS category is documented in case notes |  |
| [**ECONOMIC SELF-SUFFICIENCY (ESS) CALCULATOR**](https://dwd.wisconsin.gov/wioa/policy/08/08.3.htm#sectionFour) | **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)**](https://dwd.wisconsin.gov/wioa/policy/08/08.4.htm#sectionThree) | **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 |  |  | [ ]  | [ ]  |

|  |  |
| --- | --- |
| [ ]  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 |  |
| **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 |  |
| [**ENSURING CONTINUITY OF PARTICIPANT SERVICES**](https://dwd.wisconsin.gov/wioa/policy/01/01.7.htm) | **Comments** |
|

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

There was a new Career Planner assigned

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

That reassignment and the first attempt to contact the participant by the newly assigned career planner took place within 10 business days of the original career planner ceasing to be responsible for the participant's case

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

If the initial contact attempt is not successful, the career planner made at least two subsequent attempts within 30 business days of being assigned to the participant |  |
| **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** |
|  |  |  |  |