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

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

X |  |

|  |  |
| --- | --- |
| [**YOUTH PROGRAM ELIGIBILITY SUMMARY**](https://dwd.wisconsin.gov/wioa/policy/10/10.3.htm) | **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: Family size used to calculate income if the applicant has a disability:

|  |  |  |
| --- | --- | --- |
| **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: Family size used to calculate income if the applicant has a disability:

|  |  |  |
| --- | --- | --- |
| **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) |  | [ ]  |

 |  |
| [**OBJECTIVE ASSESSMENT**](https://dwd.wisconsin.gov/wioa/policy/10/10.2.htm#sectionThree) | **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)**](https://dwd.wisconsin.gov/wioa/policy/10/10.2.htm#sectionFour) | **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 |  |
| [**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** | **BEST PRACTICES AND STRENGTHS** | **SUGGESTIONS FOR IMPROVEMENT** |
|  |  |  |  |