**Training Review Form**

**Job Seeker ID** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Customer Name:**

***WorkSource Training Services***

**Customer Readiness**

*Based on the training application submitted by the customer circle “Yes” or a “No” to indicate whether each of the criteria listed below has been met. If you do not have the information necessary to respond to an item, circle “No.”*

Yes/No The customer’s current skills and the proposed training supports a strong employment plan.

Yes/No The customer’s Prosperity Planner budget demonstrates a financial need.

Yes/No The customer’s Prosperity Planner budget demonstrates that he or she will have sufficient income or supports to live on during training and the employment period.

Yes/No The customer has applied for and been denied a Pell Grant *or* the customercan show:

1. The proposed training does not qualify for Federal Student Aid *and/or*
2. Circumstances that make him or her ineligible for Federal Student Aid.

A Pell Grant is pending, or has been approved, *and* there is a gap between expected training costs and the estimated or approved Pell award. *Note: WIOA funds cannot be used to pre-pay an expected Pell award.*

Yes/No I have reviewed all WorkSource program funding sources and determined there are no other suitable sources of funding to support this training program, or I have recommended the customer look into the following program(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*If the customer’s application meets all five criteria, attach the customer’s Scholarship Application and Prosperity Planner Budget, check the customer’s I-Trac record, complete the I-Trac Information section below and submit to your center’s Training Review Team.*

*All criteria must be met in order to submit application to your center’s Review Team.*

*For each “No” indicate what the customer might do to increase the likelihood of an affirmative response:*

|  |
| --- |
|  |

**Training Services Staff Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I-Trac Information**

*Before submitting to your Center Training Review Team, review the customer’s I-Trac record. Based on I-Trac, indicate which of the items below are true for this customer.*

5. o This customer is a Public Assistance Recipient and/or low income and/or basic skills deficient

3. o This customer is a veteran or the spouse of a veteran

1. o This customer is listed as unemployed in I-Trac

**¬** Enter the sum of item numbers to get a Priority of Service score.

**Eligibility.** *Check all that apply****.***

* This customer is eligible for WIOA Adult funding only
* This customer is eligible for WIOA Adult and Dislocated Worker Program funding
* This customer is eligible for the following WorkSource training funds, list those that apply:

* This customer is in an Aligned Partner Program

List the APN Agency and Career Coach

**Team Review**

*When the Training Services statt determines that a customer meets the criteria for consideration of training investment, the request must be reviewed by the Center’s Training Review Team using the criteria below.*

*The Training Review Team must include the WIOA Manager and at least two other staff. To evaluate whether sufficient funds are available, the WIOA Manager must provide the Training Review Team the center’s YTD budget against planned expenditures. Approval of funding for training must be based on availability of funding to provide year-round training services.*

* *Applications will be considered during a Center’s Review Team meeting. Meetings occur* ***at least*** *monthly and can be held as needed depending on application flow to meet training deadlines.*
* *The Training Services staff representing the applicant must have up-to-date knowledge of local demand for training-related employment, or have information about employment demand from an RBS or Career Services staff focused on relevant industry.*
* *Applications are organized into a scale of eligibility* ***and*** *suitability.*
* ***Priority of Service*** *becomes a consideration when several applications are scored the same* **and** *that score puts them into contention for a scholarship award and funds are not sufficient to grant all applications with that score.*

**Team Review Assessment**

|  |  |
| --- | --- |
| 1 2 3 4 5 6 7 8 9 10  *1= little or no benefit likely*  *10 = very significant benefit* likely | If training is successfully completed, what is the benefit of the proposed training compared to the cost of training? Include these considerations in your deliberations: projected demand for occupations related to proposed training, affect the occupational training requested by the customer is likely to have on his or her employability, improvement in customer’s situation made possible by the training program. |
| Yes/No  *(Yes = 2)* | Is this a request for funds to support a current customer’s continued training? |

**Summary of Considerations**

Team Review Assessment = \_\_\_\_\_\_\_\_ (***Sum of number ratings in Team Review Assessment)***

|  |
| --- |
| Priority of Service Indicator = \_\_\_\_\_\_\_\_\_ ***(From page 1)***  *Use this indicator in your decision making in the event that several qualified applicants under consideration are in same application pool at your Center and receive the same score in the Team Review Assessment, and funds are insufficient to grant all qualified applicant requests.* |

**Recommendation**

* Funding Recommended - Amount $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Refer customer back to Aligned Partner Career Coach for further information (see comments below).
* Customer’s plan is to be reconsidered in future team reviews.

Comments regarding recommendations (enter all comments and recommendations in I-Trac case notes:

|  |
| --- |
|  |
|  |
|  |

***Review Team Member Signature*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* ***Date of Review****\_\_\_\_\_\_\_\_\_\_*