



Monitoring Report Checklist
Center:

Participant's Name: _____

State ID: _____ CC: _____

☐ Adult ☐ Dislocated Worker

Eligibility Determination Documentation

Adult/Dislocated Worker

- ☐ WIOA Welcome Packet Application
- ☐ Citizenship Verification
- ☐ Residency Verification
- ☐ DOB Verification
- ☐ Income Verification
- ☐ Family Size Verification
- ☐ Highest Grade Completed Verification
- ☐ Right's Handout
- ☐ Release of Information Form
- ☐ UI Printout (where applicable)
- ☐ Signed and Dated SCWOS Application
- ☐ Selective Service Documentation
- ☐ Veteran Documentation
- ☐ Dislocation Verification
- ☐ Disability Verification

Proof of Income Documentation

- ☐ DSS Printout
- ☐ Social Security Printout
- ☐ Pay Stubs
- ☐ Applicant Statement

☐ Ineligibles Filed (must be signed)

☐ Partial Applications Filed

Notes

Eligibility Determination Notes

Case Management

- ☐ Referral Form ☐ Receipt of Information Form (Service Agreement Form)
☐ TABE & SCOIS Printout ☐ Objective Assessment Summary
☐ Resume ☐ Resume in SCWOS ☐ Job Service

Referrals

- ☐ Individual Employment Plan is in SCWOS, Printed & Signed by Participant and Staff

Goals and Objective Date Established: _____

Status of Goals & Objectives: ☐ Open ☐ Closed

Is the Plan up to date? ☐ Yes ☐ No

All Documents Uploaded in SCWOS ☐ Yes ☐ No

Objective Assessment Summary

☐ Adult ☐ Dislocated Worker

- ☐ Assessment in SCWOS ☐ Assessment signed & dated

Assessment Conducted by: _____

Basic Skills Deficient: ☐ Reading ☐ Mathematics

If Basic Skills Deficient what is being done to assist Participant in increasing their basic skills?

Referral to Adult Education in File: ☐ Yes ☐ No Included on IEP ☐ Yes ☐ No

Workshops Attended		
☐ SCWOS & Your Job Search	☐ Resume Writing	☐ Essential Interviewing Skills
☐ Barriers to Employment	☐ Applying for a Job/Networking	☐ What Employers Want
Training Preferences		

WIOA Training Packet

Date Training Packet received: _____

Has WIN been taken? ☐ Yes ☐ No WIN Scores: RI ____ LI ____ AM ____

Drug Screen Required? ☐ Yes ☐ No Date Taken: _____

Name of School: _____ Training Program: _____

Training Package

		Comments
In Career Clusters in Trident	☐ Yes ☐ No	
In-Demand for Occupation	☐ Yes ☐ No	
Training MOU	☐ Yes ☐ No	
Labor Market Information on Proposed Training	☐ Yes ☐ No	
Additional Needs/Transportation	☐ Yes ☐ No	
Additional Needs/Child Care	☐ Yes ☐ No	
Budget to show customer can complete training	☐ Yes ☐ No	☐ Completed ☐ Incomplete Estimated Income Estimated Expenses \$ \$

If applicable, is there a College Transcript attached to Application? ☐ Yes ☐ No

Notes

Approved for Training: ☐ Yes ☐ No Date Applicant is notified: _____

Supportive Services

- ☐ Supportive Services Ledger ☐ Attendance form & Transportation Assistance
☐ Copies of the Check Request, Invoices, Receipts ☐ Correspondence ☐ Activities in Case Notes

Notes

On the Job Training

Worksite: _____

☐ OJT Agreement ☐ Pre-Award Criteria ☐ Worksite Monitoring Report

☐ Time Sheets ☐ Attendance Invoice ☐ Participant's Work Evaluation

OJT Notes

Types of Notes: (Telephone Conversations Office Visits)

Are case notes supportive of Activities

Case Note Observations

Activities

Current Activity ☐ Open ☐ Closed

If Closed, Date of Last Activity: _____
Activity

System Closures

Are Activities consistent with the Assessments/IEP Recommendations?