

**TECHNICAL ASSISTANCE DESK REVIEW**  
Skill Attainment

**DATE:**                      **LIAISON:**                      **LWIA:**

**PARTICIPANT:**                      **SSN:**

Does the participant's file contain the following for each skill attainment reported?				
Pre-assessment:	Basic Skills	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
	Occupational Skills	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
	Work Readiness Skills	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Post-assessment:	Basic Skills	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
	Occupational Skills	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
	Work Readiness Skills	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Certification:	Basic Skills	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
	Occupational Skills	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
	Work Readiness Skills	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>Are the following included in the file?</b>				
Individual Service Strategy (ISS)		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Supporting documentation? (time/attendance records, progress reports, etc.)		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<b>LIST:</b>				
Indicate which Skill Attainment Area(s) were reported:	Basic Skills	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	Occupational Skills	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	Work Readiness Skills	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

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**INDIVIDUAL SERVICE STRATEGY**

Review the Individual Service Strategy contained in participant's file. <b>DOES THE ISS:</b>		
Identify current educational and employment skills based on pre-assessed need?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Identify interests, aptitudes, and goals, including the desired post-program outcome?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Identify barriers to employment, including the lack of skills, educational credentials, or personal problems which may affect employability?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Clearly state the training strategy and/or plan to help the participant overcome barriers to meet their goals?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Include rationale which explains justification for enrollment, curricula, services, training modules and program activities	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>IS THERE EVIDENCE THAT:</b>		
The ISS was mutually formulated (signed by both the participant and the preparer)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Periodic review completed as needed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Pre-assessment results were used to determine the activity and site assignment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**NOTE:** If any response is **NO**, obtain additional information from LWIA staff to clarify the ISS process and resolve questions regarding the qualitative aspects of this area. Revise responses accordingly and include comments in the space provided.

**COMMENTS:**

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REFER TO JT-036-1

At pre-assessment was participant determined to be Basic Skills deficient?  YES  NO

Readiness Skills	Level of Achievement	Mark skills deficient	Skills Attained?	
Making Career Decisions	80%		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Using Labor Market Information	80%		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Preparing Resumes	80%		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Filling Out Applications	80%		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Interviewing/Follow-up Letters	80%		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Survival/Daily Living Skills	80%		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Consistently Punctual	90%		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Maintaining Regular Attendance	90%		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Demonstrating Positive Attitudes/Behaviors	80%		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Presenting Appropriate Appearance	80%		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Exhibiting Good Interpersonal Relations	80%		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Completing Tasks Effectively	80%		<input type="checkbox"/> YES	<input type="checkbox"/> NO

**Participant must be deficient in at least five (5) of the twelve (12) skills to be eligible.**

How many Skills are there with pre-assessment scores **below** the proficiency requirement?

How many hours of training were provided specific to the skills area?

Do the time/attendance records indicate demonstration period was the stated minimum?  YES  NO

At post-assessment (JT-036-1) how many skills are **at or above** proficiency level?

Is there documentation in the file to support skills attained?  YES  NO

**COMMENTS:**

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Refer to JT-036-2

At pre-assessment was youth determined to be Basic Skills deficient?  YES  NO

If yes, one of the goals must be a Basic Skills goal.

**BASIC SKILLS**

<b>GOALS</b>	<b>MARK SKILLS DEFICIENT</b>	<b>WERE SKILLS ATTAINED POST-ASSESSMENT?</b>		
<b># 1 Literacy; reading, math and language</b>		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<b># 2 Basic Ed (H.S. credits, diploma, GED,AIMS)</b>		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<b># 3 ESOL</b>		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<b># 4 Vocational</b>		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

Skills attained at post-assessment.

**TOTAL**

Was all documentation provided in file?  YES  NO

Is copy of certificate in participants file?  YES  NO

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Refer to JT-036-3

At pre-assessment was participant determined to be Occupational Skills deficient?

YES  NO

**OCCUPATIONAL SKILLS**

Occupational skills are divided into two groups: On-Site Training or Classroom Vocational Skills Training		
Is there a minimum of six (6) employer job specific skills listed on the JT-036 in file?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If On-Site training provided; is documentation in file? (Work training agreement/contract)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Classroom training provided; is documentation in file? (Curriculum guides/lesson plans are Local Area/Service Provider specific)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do time/attendance records reflect hours of training provided?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was all documentation/certification provided in the file?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the certificate list/describe the skills attained?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**COMMENTS:**