

Iowa NEG Core Monitoring Guide

January 2010

Iowa Workforce Development

Contractor: (Project Operator Name)

Contract Number: (NEG “EM” Number and IA-Number)

Project Name: (Company Name of Dislocation) - ARRA

Period of Operation: July 1, 2009 through June 30, 2011

Review Dates: March 29, 2010 through April 2, 2010

Follow Up Dates:

CORE MONITORING GUIDE

PREFACE

The development of the Core Monitoring Guide is an important part of the Employment and Training Administration's (ETA's) overall strategy to improve grant administration, specifically on-site monitoring of grantees. Improving grant administration is a crucial element of the Department of Labor and ETA's management improvement plans supporting the President's Management Agenda. ETA's successful achievement of its Mission, Vision and Guiding Principles is premised on the delivery of high quality, outcome-focused job seeker and business services through effective financial agreements with the state and local workforce system organizations.

ETA has articulated a clear vision of the workforce development system that is demand-driven and fully integrated, and links employers to job seekers in order to promote the success of American workers and businesses. This Core Monitoring Guide ensures that our oversight and monitoring practices reinforce these principles while ensuring program outcomes are achieved and a high level of integrity is maintained.

This guide provides a consistent framework and starting point for all on-site grant-monitoring responsibilities by ETA. ETA has been moving forward in a coordinated effort to improve the consistency of oversight while relying on and providing opportunities for Federal Project Officers (FPOs) to bring their professional judgments and experience to the process. This effort began with the issuance of Employment and Training Order 01-03 in April 2003, and continued with the development of the Grants E-Management System, increased commitment to FPO training, and, now, this Core Monitoring Guide.

The Core Monitoring Guide has been developed based on the premise that there are essential core functions that must be in place in order for any grantee to operate an ETA grant within the boundaries of acceptable practices that are established primarily by law, regulation, and/or government-wide rule. In addition, ETA plans to develop program-specific guides, which will complement the Core Monitoring Guide and add program specific review objectives and indicators. Combined, these guides will become an integral part of an FPO "tool kit." However, for those ETA grants (e.g., earmarks, pilots and demos, etc.) where there may be no program specific guide, the Core Monitoring Guide would remain the primary tool for review.

Since this guide is *generic*, it is limited to an examination of basic core activities that are found in all ETA grants and is intended to provide an examination of the readiness and capacity of the grantee to operate the grant. The generic quality of the guide also means that the legislative authority for compliance requirements is limited to those requirements that apply to all ETA grants. These are typically found in Office of Management and Budget circulars and the terms and conditions specific to each grant, but the guide also includes expectations for services or operations that are generally accepted practice across ETA.

This guide is the outcome of many different individuals and offices within ETA working together to produce the best possible product to meet a diverse set of needs. The guide is intended to be continually reviewed and updated based on experience, practice, and changing requirements.

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Part I. Introduction

Regional Office Customer Service Goal

Our goal is for grantees to see the review as a cooperative effort to assess the project's progress fairly and objectively, and to jointly identify strategies for overcoming any challenges to its successful operation.

Regular NEG Purpose

To provide resources to respond to large worker dislocations.

Regular NEG Review Objectives (USDOL ETA)

1. Evaluate the efficacy of the actions taken by the grantee to utilize the resources made available under the grant to respond to immediate needs caused by the dislocation or disaster;
2. Evaluate the likelihood that the project will achieve the enrollment targets, expenditure levels and performance outcomes specified in the grant award; and an independent analysis of the timeframe require to complete the grant-related work;
3. Identify any policies, procedures or actions that conflict with the Act, the regulations, the grant agreement, NEG policies, or other applicable requirements, or that could place the grantee at risk of disallowed costs;
4. Develop an analysis of projected increments of funding that will be needed to complete the project up to the maximum amount approved, including whether it appears the maximum amount approved will be required based upon the project progress to date; and
5. Develop a plan for meeting technical assistance needs and/or implementing appropriate corrective actions.

Project Review Objectives (Region 5)

In conducting the review, we have three principal objectives:

1. Evaluate the likelihood that the project will achieve the enrollment, performance outcomes, and expenditure objectives specified in the grant award.
2. Identify any policies, procedures, or actions that conflict with provisions of the Act, regulations, or grant agreement, and that place the grantee at risk of disallowed costs.
3. Develop a plan for meeting technical assistance needs and/or implementing appropriate corrective actions.

Key Assumptions

The organization and structure of this review guide are based on certain assumptions. In the interests of clarity, some of them are listed here:

1. The DOL direct grantee is typically the state's workforce development agency, and this entity subcontracts with the local One-Stop service delivery system to provide services.
2. Reviews are jointly conducted with staff from the state's workforce development agency.
3. Reviews occur at approximately 90 to 120 days after the grant award date.
4. There are two equally important audiences for the regional office's report – the ETA national office (Division of National Emergency Grants and Division of Federal Assistance Services) and the state/local grantee. For the national office, the primary purpose of the report is to serve as an early warning on key issues affecting future funding or grant compliance. For the State/local grantee, the primary purpose is to offer recommendations in overcoming implementation obstacles.
5. Since most NEG applications will be submitted on an "initial funding" basis, at the time of review many projects will still be developing the request for full funding. The review will therefore play a key role in validating the assumptions underlying the full funding request.

Part II: Prior to the On-Site Visit

Document Review Prior to On-Site Visit

The first step before conducting the on-site visit is a "desk review" of the documents contained in your grant file. These documents include:

- Grant Application
- Official Correspondence – award letter, supplemental information provided by the grantee, approved modifications, pending modification requests, etc.
 - Quarterly Reports – financial and program reports. As you review these documents, it is important to identify key issues for further exploration during the site visit. Ask yourself questions such as:
- Are total enrollments and training enrollments occurring as planned, or are they significantly higher or lower than anticipated?
- Do the financial reports show expenditures that are significantly higher or lower than anticipated? If so, how do these correlate with the level of enrollments? You should be particularly alert when enrollments are low, but expenditures are high.
- Are administrative costs approximately on-track with the percentage approved by the Grant Officer?
- Does the project design vary significantly from that of the established "formula" program? If so, are there any special policies that may be a source of concern?
- Are there outstanding issues in the negotiation of the grant agreement? That is, is the Grant Officer awaiting additional information from the state grantee? Is the state awaiting any

approval from the Grant Officer? If so, does this have any implications for the current operation and management of the project?

Scheduling the Review

In scheduling the review, your first point of contact is likely to be Adult & Dislocated Worker program staff from the state workforce development entity serving as the grant recipient. When conducting the review, your state partner may be program staff, or they may be staff from a special monitoring and oversight unit. Ask your program contact which is appropriate in your case. After you negotiate a time that is acceptable to all parties involved in the review, including the program operator, ask the state to send you a participant list. If possible, the list should include enrollment or activity codes for each person. This gives you an early indication about the project's start-up activities, and the kinds of services currently provided.

Significant Activities in Conducting the Review

Every review will be different, depending on the complexity of the project design, the nature of the target group, the experience and past performance of the program operator, and the priorities of the reviewer(s). Most reviews, however, share common elements or activities. Each of these is discussed in greater detail in Part III.

- 1. Opening Meeting with Project Management**
- 2. Review of Service Policies and Procedures**
- 3. Analysis of Financial and MIS Documents**
- 4. File Review**
- 5. Staff Meeting**
- 6. Participant Interviews**
- 7. Transition Committee Meeting (If applicable)**
- 8. Exit Meeting**

Part III: Conducting the On-Site Review

Opening Meeting

Most reviews formally begin with an opening meeting or “entrance interview” with project management, usually lasting about an hour. At this meeting you should explore the following kinds of issues:

What is the project management’s general assessment of the grant’s progress to date, and any special obstacles or challenges that exist? (WIA Director’s Name & Region’s Number) WIA Director, mentioned that there is a challenge in getting folks to enroll and that many follow-up contacts has been made. To date, there are 73 individuals currently participating in the grant; which is under the 80% target originally stated in the NEG application. 41 individuals contacted were not enrolled and now have new employment due to the state originally funding this dislocation through a State Emergency Grant (SEG). The 41 individuals that were not enrolled in the NEG were serviced and exited through the SEG after achieving employment. Had those 41 been included in the NEG then the region would have been closer to achieving their goal of enrollments. Goal of 50 participants has been exceeded.

What rapid response and early intervention services were provided? What activities are ongoing? Ted Harms, State Rapid Response Coordinator, held the original Rapid Response Meeting; 4 follow-up Worker Information Meetings were held and covered each of the working shifts. The company allowed the workers to attend the meetings while still remaining in paid status. As individuals found other employment the numbers dwindled for enrolling in this project. In addition, a joint partnership between IWD and WIA allowed for each of the projects to have individual staff members present at the Worker Information Meetings as well as one day per week, for a month, in the plant to be available for Q&A from the employees. This provided an opportunity for all of the workers to become acquainted not only with training opportunities but also to learn about the opportunities that the region can provide for job seekers. No OJT opportunities have occurred for these workers as of this date. Employers in this region have not been as receptive for OJT as (WIA Director) would like and/or as hoped.

If the desk review showed enrollments or expenditures were significantly over or under the original estimates, why is this? Is there a credible plan for addressing the problem? The grant is currently under the original estimate for expenditures as well as the number of enrollments as explained above. (WIA Director) also indicated that because the region received a SEG to support the workers prior to the NEG award, these activities also attributed to the lower enrollment and expenditures as of this date. Due to the lower enrollment and subsequent lower expenditure rate, the project will need to have both “realigned” at a future date. This reviewer feels that this realignment should not be immediate due to the potential of some (Company of Dislocation) workers, who have put off services out of the belief that something will replace the company or that their U.I. is ending, may come to the realization that services are needed to achieve other employment.

Is project staff in place? What are their background and experience? Are there any new hires? How many? What is the staffing plan for the project? Yes, two individuals have been hired to assist with the grant project. (WIA Director) indicated that something they did differently this time was initially to utilize the region's veteran WIA staff. These were the original staff members for the project. Subsequently, the region had the opportunity to hire two individuals who experienced the layoff at (Company of Dislocation) (see the bios that are in "bold"). Both of these individuals have been instrumental to the success of the project's enrollment of workers. **Staffing plan: 1.6 FTE =WIA Director, .75 FTE for participants, Financial Officer, .15**

Staff Biographies:

(WIA Director's Name and WIA Region #) Training Director overseeing WIA and Promise Jobs programs for (Project Operator's Name) will be ultimately responsible for this project's implementation and oversight. (WIA Director) has over 29 years experience in employment and training programs and has served as the WIA Director for two years. (WIA Director) coordinates the Rapid Response/Employee Information meetings for workers affected by plant closings or mass layoffs. In addition to implementing formula programs during her tenure, she has worked on special projects including being on contract with area school districts to administer high school vocational programming and school-to-work efforts. (WIA Director) has an office specialist degree from (Iowa college).

(WIA Financial Manager for Region) has 30 years of fiscal experience with 20 of those years as the Financial Manager for JTPA/WIA program. She oversees the finances of (Project Operator's Name) and serves as fiscal agent for (WIA Region Number) Iowa Workforce Development. (Project Operator Name) has not had any potential claims or liabilities and is a low-risk agency with 26 consecutive years of unqualified, no finding audits by independent auditing firms. (WIA Financial Manager's Name) has a clerical degree from (2 Iowa colleges).

(WIA Generalist) has worked with (Project Operator's Name) under the Welfare-to-Work/Promise Jobs/WIA program since 2001. (WIA Generalist) has worked extensively with the dislocated worker programs at the local level. (WIA Generalist) has a Bachelor of Social Work degree from (University name). This has been extremely helpful when assisting people who have lost their job due to business closings, and when assisting people who simply want to improve themselves through the Adult program and the Promise Jobs program. In addition to working with individual clients, (WIA Generalist) has taken a lead role in contacting employers when an employee reduction occurs within the region. This allows the employees affected to take advantage of services available through the employment and training programs in a timely manner.

(WIA Generalist) with (Project Operator's Name). (WIA Generalist) has assisted dislocated workers, adults and youth as they prepare for their futures. (WIA Generalist) has extensive experience in human resources and social work. (WIA Generalist) can relate to the experiences of the people she serves as she has been a dislocated worker affected by a plant closing. (WIA Generalist) has a Bachelor of Science degree in Psychology/Sociology as well as an AAS degree in Business Administration. (WIA Generalist) has excellent organization skills which enhances the projects she is involved in.

(WIA Generalist), joined (Project Operator's Name) in November of 2006. As an Employment and Training Specialist, (WIA Generalist) assists workers affected by plant closings or layoffs with guidance, training and benefits. (WIA Generalist) also works with adults and youth as well as the Promise Jobs program. (WIA Generalist) has a Bachelor of Social Work degree from (Iowa college), and an AAS Degree from (Iowa college).

(WIA Generalist – hired from “target group”) joined (Project Operator's Name) in March, 2009 as an Employment and Training Specialist. (WIA Generalist) was hired by (Project Operator's Name) to work with the employees affected by the (Company of dislocation) closure and the (a second company's name) mass layoff. Having worked for (Company of dislocation) for seventeen years, (WIA Generalist) personally knows the employees affected by the closure. This gives (WIA Generalist) a unique ability to assist the workers as they transition to re-employment. (WIA Generalist) has a very calm and understanding approach as she works with individuals to develop an educational plan and search for career opportunities. (WIA Generalist) has a clerical degree from (Iowa college).

(WIA Generalist – hired from “target group”) was hired by (Project Operator's Name) in June, 2009 as an Employment and Training Specialist. (WIA Generalist) works with the (Company of dislocation) and (a second company's name) employees as they identify and implement education and employment goals. (WIA Generalist) worked for (Company of dislocation) for fifteen years as an Inventory Control Supervisor. (WIA Generalist) has a unique ability to identify an individual's strengths early in the process which enhances her ability to work with individuals to build their future. (WIA Specialist) has an Accounting degree from (Iowa college) which has been an asset in working with the financial aspect such as transportation, child care, and tuition payments.

Has the equipment listed in the budget narrative been purchased/leased yet? If not, why not? Not applicable.

List any other questions you feel are important to discuss at the opening meeting: Discussed the modification request for realignment based on enrollments and expenditures; timeframe of first six months also discussed. Also visited about potential merger of other companies that have experienced dislocations and that would be similar in nature to the production at the (Company of dislocation); however, it is not applicable at this time for this NEG.

(WIA Director) questioned limits for IST based on the maximum amount allowable under the Regional Customer Service Plan (RCSP) that was in effect at the time of the NEG award; (State staff) confirmed that rates stay the same for the life of the project even though the limits may change in the RCSP.

Service Policies and Procedures

After the opening meeting, ask to see a copy of the approved local plan and any policy manuals that are currently in effect.

What is the local area's definition of self-sufficient employment for dislocated workers? [See page 2 of Attachment B in the Regional Customer Service Plan \(RCSP\) submitted as part of the Project Operating Plan \(POP\).](#)

What are the policies regarding the progression through core, intensive, and training services? What documentation is required? [See Regional Customer Service Plan \(RCSP\) submitted as part of the Project Operating Plan \(POP\).](#)

What are the policies regarding training expenditures? Is there a per-semester cap and/or a cumulative per-participant cap? Do these policies vary from what was proposed in the grant application? [There is a \\$2,000 per participant cap per year. Policies do not vary.](#)

What are the general policies for supportive services eligibility? Is there a financial needs test? [Yes.](#) What are the provisions governing transportation reimbursement, child/dependent care assistance, emergency payments, and other allowable supportive services? [See the RCSP, Attachment C, pages 3 and 4. The RCSP was included in the Project Operating Plan \(POP\).](#) Do these policies vary from what is proposed in the grant application? [Policies do not vary.](#)

If applicable, determine whether local policy allows needs-related payments (NRPs). If so, what are the eligibility requirements? Are there per-payment or cumulative per-participant caps? Are the policies listed in the grant application the same as those listed here? If not, was the variant policy discussed in the grant application and approved by the GO? [Not applicable. Currently no WIA Region in Iowa has allowances in their RCSP for NRPs and a request for same was not included in the NEG application.](#)

List any other questions about policies and procedures you want to explore: [None.](#)

Analysis of Financial and MIS Documents

Ask for copies of the following documents (some of which may not be available):

Printouts showing all charges made to the grant, for each of the most recent two months available. This will give you an approximation of average monthly costs for things like facilities, staff, materials, indirect charges, etc. [Please see Attachment B – Fundware Report – for expenditures to date. This is more complete than looking at the last 2 months.](#)

A printout showing all cumulative charges to the grant, according to whatever cost items the project operator uses, for the most recent period available. (Some track this by the line items in the grant budget; others have their own standardized cost areas, which they also use for the formula program. Either is acceptable.) This will give you a feel for total costs to date, and may also be helpful in looking at spending in key cost areas. [Please see Attachment A – Line Item](#)

Budget – for the percentage expenditures per line item through the date of 3/26/10. NOTE: The “Performance Summary” below used figures from the most recent Quarterly Report rather than using the date of 3/26/10 due to being able to compare the most recent reporting.

A printout showing unexpended obligations for training, supportive services, and NRPs. If this information is available, it will give you a good indicator of future expenditures. If it is unavailable, you should meet with project management to determine: a) how they intend to develop the final funding request without this kind of information, and b) how they propose to adequately manage grant resources without looking at data on future costs. See Attachment A – Line Item Budget – for remaining funds that have not been expended/obligated. As discussed earlier in the report, this could lead to the need to realign not only enrollments but also funds.

A summary printout of enrollments by activity codes. This will quickly show the number of people enrolled in intensive services, training, supportive services, etc. Please see Attachment B – Fundware Printout – which shows funds spent/obligated for current participants and their components.

The contract between the State and the local service provider to operate the project. Please see the copy of the contract that was submitted as part of the Project Operating Plan (POP). Since the NEG was awarded in the full amount requested, the contract on file reflects that full amount. As of this writing there have been no modifications to it.

After carefully reviewing these documents, ask yourself the following questions:

Are the kinds and amounts of staffing charges reasonable? Yes. Are they consistent with the staffing plan in the grant application? Yes. Initially, the Region used its current staff to get the project started. They then hired an individual from the “target group” that had the skills to perform as a WIA Generalist; however, after 2 weeks the individual left due to not being able to adjust to program requirements. They then hired another individual from the “target group” (WIA Generalist’s name), who has turned out to be a fantastic employee and has been able to connect with many of the dislocated workers from (Company of dislocation). This led to hiring (WIA Generalist’s name), who was another individual from the “target group.” She, too, has turned out to be a fantastic employee. Between the two individuals they have been able to draw in more displaced workers from (Company of dislocation) due to their contacts, knowledge about the jobs, and acquaintances with those workers. They make an excellent team as they have worked together many times in various functions at (Company of dislocation) and both have the personalities to really relate to the displaced workers and their needs.

Add the following: amount spent on staff to date + the projected cost of staffing the project throughout the remaining period of project operations. See Attachment A – Line Item Budget – for break-out on staffing costs. Does the projected total indicate a substantially greater or lesser expenditure than amounts available in the line item budget? In reviewing the Line Item Budget (Attachment A), it shows that all levels of expenditure are lower than anticipated. This will fit into the potential future realignment of enrollments and funds.

Add the following: amount spent on training to date + the amount of unexpended obligations.

Does the projected total indicate a substantially greater or lesser expenditure than the amount available in the line item budget? **Less**

Add the following: amount spent on supportive services to date + the amount of unexpended obligations. Does the projected total indicate a substantially greater or lesser expenditure than the amount available in the line item budget? **Less**

If applicable, add: the amount spent on NRPs to date (if any) + the amount of unexpended obligations. Does the projected total indicate a substantially greater or lesser expenditure than the amount available in the line item budget? **N/A**

Compare the enrollments by activity (i.e., training, supportive services, etc.) with the numbers projected in the grant application. Does there appear to be a greater or lesser participation rate than anticipated in the application for this period? **Less**. If so, what are the cost implications of this? **This may potentially lead to a realignment of both enrollments and funds to reduce both respectively.**

Are the expenditures for equipment consistent with the grant application? **N/A**

Does the contract between the state and the service provider show that an appropriate amount of funds was disbursed to the project? (That is, has the state reserved an excess of funds for its own use?) **N/A – Equipment was not built into the NEG request.**

Performance Summary

Contract Number: (Contract Number and IA-Number)
(Company Name of dislocation)

Performance Factor	Actual Performance as of 12-31-09	Planned Performance for 12-31-09	Current Performance as % of Planned	Final Project Planned Performance	Current Performance as % of Final Planned
Cumulative Enrollments	69	121	57.02%	121	57.02%
Cumulative Exits	5	10	50%	121	4.13%
Training Enrollments	47	80	58.8%	80	58.8%
Entered Employment	55.5%	7.76%	4.31%	95.9%	*

Rate

Wage Replacement Rate*	*	\$12,216	*	\$12,216	*
Total Expenditures	\$79,145	\$144,633	54.7%	\$664,074	11.92%

* - Unable to determine at this date.

Staff Interviews

If possible, try to set aside time for interviews with project staff. You can conduct these one-on-one, or as a group interview. If specialized functions like assessment or job development are performed by staff other than counselors/case managers, decide whether to meet with these individuals separately, or as part of the interviews with case management staff.

During your discussions, try to gain some insight into the following kinds of issues:

What are the background and experience of the staff? (See biographies listed above under “Opening Meeting.” The two individuals in “bold” in the bios are the major individual Specialists working with the (Company of dislocation) participants.)

If there are new hires, how were they trained? (WIA Director’s Name), WIA Director, provided the hands-on training utilizing the initial program manual that had been designed for the project in training (WIA Generalist). (WIA Generalist) has then provided the initial training for (WIA Generalist) with back-up training through (WIA Director). Both of the case workers have been trained to initially utilize Lotus Notes and have been subsequently trained in the new I-Works MIS System. I-Works for the region is set for a March 30, 2010 launch date.

What is the approach to assessment? Are “paper and pencil” assessments used? If so, which ones? How are the results used? What kinds of questions or topics do case managers discuss with participants to assess interests, aptitudes, experiences, and employment barriers? Yes, “paper and pencil” tests were only administered. An application and self-assessment that is specific to the region is also utilized. If educational barriers are identified, the community college is contacted to ensure that the remedial coursework is completed. CAPS/COPS/COPEs are also utilized and discussed with the participant regarding the top three categories identified through the assessment. Currently, all results are shared individually rather than in groups; however, administration of the assessment tests are conducted in groups. The current Caseworkers were also (Company of dislocation) employees and respect the individual’s right to privacy. Caseworkers schedule a one-on-one appointment with each individual; tools and tests

are discussed based on a general guideline for how the results could be utilized. Case workers indicated that they use the scores to encourage individuals in the top three areas identified by the assessment and suggest that individuals take the time to explore the various vocational and/or careers that are related to the assessment scores. Caseworkers also review the general application at the time of the assessment. Special circumstances are discussed with individuals (e.g., OWI, felony in background) in order to provide guidance if known that circumstances may hinder their specific goals.

How do participants progress through core, intensive and training services?
Are participants taught job search skills? How and when? Most of the individuals are in either one of two categories: want employment and may be interested in the CAPS/COPS/COPEs along with OBA and G&C and then enroll in JSP and discuss Job Club opportunities. Second group, complete the CAPS/COPS/COPEs and then work to identify the post-secondary opportunities and solidify the goals with each individuals for post-secondary education.

How do career-changers go about selecting their new occupations? Are they encouraged to do labor market research? What does this involve? Are they encouraged to do vocational exploration activities? What does this involve? Selecting new occupation; see above. Caseworkers indicated that the labor market information (LMI) is provided at the career assessment interview as it relates to the previously identified post-secondary goal or job identified in previous discussions. If at the time of the career assessment interview, the participant identifies another career goal, additional labor market information is also provided. Participants are encouraged to explore opportunities for computer and internet access if not available at home. The region offers classes to assist participants in learning more computer skills in collaboration with the community college. Participants are encouraged to continue their education and skill upgrading for computers.

What is the process for developing Individual Employment Plans (IEPs)? How does the wage replacement goal factor into service planning and IEP development?
At the enrollment, the self-assessment survey provides information regarding what the individual may be interested in exploring. This is especially relevant for those individuals who are not looking at additional training. If the career assessment tests have been completed, the IEP is developed based on the one-on-one conversation.

What job development activities are occurring? How are participants matched with appropriate job leads? Case workers indicate that they primarily use the IWD job sites. Also utilize local employment services, local newspaper and contact with individual employers. Caseworkers also indicated that larger employers' websites are also utilized. Relationships have been established with the employers through an introductory "get acquainted" conversation that the caseworkers have completed to ensure that local employers may remember the workers that have been laid off from (Company of dislocation) and the skills that may match with future openings. Caseworkers indicated that they have not worked with local employers in developing any OJT opportunities at this point in the project.

To what extent is employer feedback systematically incorporated into job development?
On average, how long does a participant's job search last? At the beginning of the project, they

were averaging approximately 90 days. As project continues, new enrollees may be waiting for an average of six months. Caseworkers indicated that in last 60 days (January 2010), they are seeing a few more opportunities for the grant participants for positions.

How does staff perceive the project's progress? What obstacles or challenges do they face in implementing the project? Caseworkers indicate that they believe that project has been a terrific opportunity for individuals who may have not thought about returning to school for post-secondary education. Both of the caseworkers indicated their frustration is expressed by the caseworkers when they cannot assist their former peers in taking advantage of the project's funding for job seekers and post-secondary training.

What can project management, the state, or ETA do to help? Caseworkers indicated that they feel comfortable with their current workload and their skills for the NEG. Both indicated that they hope they may have an additional opportunity for I-Works training but are looking forward to learning the new system. Both individuals indicate they are willing to learn new things as they relate to their positions.

List any other questions you want to explore: None.

File Review

A significant portion of your time will be spent reviewing participant files. This activity helps you assess both the project's compliance with grant requirements and its success in providing quality services.

As a rule, it is desirable to review at least 10 percent (or more) of the files. However, this may not always be possible, depending on several factors including the size of the project, the number of reviewers, the time available, and the quality and complexity of the records. File selection need not be completely random. You may want to examine files from each of the case management staff, and to cover a variety of participant activities, including classroom training, OJT, intensive services-only, supportive services, NRPs, etc. If participants have exited from the program, be sure to look at some of those files as well.

A file review guide is provided as an attachment to this document.

PARTICIPANT FILE REVIEW

Project Name: (Company of Dislocation)

Participant Name: (Participant Name)

SSN: XXX-XX-XXXX

Eligibility: DW

Note any eligibility issues or concerns:

Employer of dislocation	(Company of Dislocation)
Job title & wage at dislocation	Laborer/Bagging/Shipping; \$10.25
Job termination date	2/27/09
Documentation of job termination & date	Self attestation; WARN letter
Does documentation indicate an involuntary separation?	Yes; WARN letter
Application date	7/30/09
Employment status at time of registration	Unemployed
Selective Service	Yes; Source: Online Verification
US Citizen	Yes; Source and/or right-to-work documentation: SS Card

Note any eligibility issues or concerns: None.

Assessment and Service Planning

1. What is the participant's employment goal? Is there evidence the employment goal is supported by assessment, career counseling, or vocational exploration activities? Briefly describe. (Participant) employment goal is to become a coach; discussed with (Participant) that he will need a part-time job to assist him with his employment goal as a coach. The file indicated that he is in the process of completing the CAPS/COPS/COPES plus LMI information in the file and case notes indicate that self-sufficiency will only become a reality if (Participant) works part-time along with his coaching job.
2. Is the employment goal reasonable and appropriate given the participant's skills, interests, and experience; the local labor market conditions; and the project's wage replacement goals? (Participant) experience and interests as an assistant coach at (Local) High School are well documented in the case notes and LMI information. However, (Participant) TABE test indicates a 6th reading and 4th grade math level which would indicate that (Participant) would likely not be successful completing a four-year degree without a great deal of remedial assistance at the community college level. (Participant) was enrolled in the community college's writing strategies class for the spring 2010; however, because of family illness the class was not completed. This class is the only remedial class identified by the community

college that would be required for (Participant) along with completing the Coaching Certification.

3. List the services received to date, and the scheduled activities in the Individual Employment Plan (IEP). OBA, 9/16/09; G&C, 9/16/09. Recently enrolled in partner JSP, 3/24/10 rather than the IST because of the family illness.
4. Does the IEP adequately support the participant's employment goal? Yes, the employment goal is for a certification in Coaching. The file's case notes, LMI, and community college conversations indicate that this is (Participant) only employment goal.

Note any service planning issues or concerns: There is no service planning issues on the part of the Case Worker or NEG project. However, the case notes indicate that (Participant) has experienced a death in the family and another ongoing family illness that have continued to require his attention and have limited his opportunity to work on his employment goal as of the date of this review.

Training – General

5. Does the file contain a determination of the need for training as identified in the IEP, comprehensive assessment, or through another intensive service? Does this determination appear reasonable? Yes, the TABE sufficiently indicates that (Participant) basic skills are deficient; however, (Participant) ongoing volunteer work experience and self-assessment at the time of his WIA application provide additional information to document (Participant) eventual success to complete the coaching certification.
6. Does the participant have the skills and qualifications necessary to successfully complete the program? Yes, (Participant) volunteer work experience and his "passion" for coaching clearly indicate that (Participant) has the skills and basic qualifications to complete the coaching certification program.
7. Is the training program directly linked to employment opportunities in the local area (or in an area to which the participant is willing to relocate)? How was this determined? Yes, the training program is directly linked to (Community College) placement opportunity for those who complete the coaching certificate and there are several opportunities in the local area school districts and/or city parks and recreation, YMCA's summer playground and/or year-round after school programs.

Classroom Training

8. List the training program, provider, duration, and planned cost. (Community College) Writing Strategies (1 credit class, 1 semester) for remedial basic skill updates and (Community College) Coaching Certificate. The coaching certificate program is a 12-week program. (Participant) planned cost for both is \$1,038.25.
9. Are the cost and provision of training consistent with the policies discussed in the grant application? Yes
10. Is the training vendor, and the program, on the eligible training provider list? Yes; however, (Participant) program required additional approval from the RWIB. The coaching certificate had not been requested by a participant in the past.
11. Is the training provided through an appropriate ITA mechanism? Yes.

12. Has the participant applied for a Pell Grant? If a Pell Grant was awarded, were appropriate budgeting and coordination arrangements made? **No, the coaching certificate program is a short-term program. (Participant) is not eligible for a Pell Grant.**

On-the-Job Training (OJT) Not applicable at the time of this review.

13. List the employer, job title, training duration, and planned cost. **Not applicable.**
14. Is the employer's reimbursement rate equal to or less than 50 percent of the participant's wage rate? **Not applicable.**
15. Are a job description and training outline included in the contract or the case file? **Not applicable.**
16. Is the duration of the training appropriate, given the skill requirements of the occupation and the participant's skill level and experience? **Not applicable.**
17. Does the file contain documentation of the number of hours worked, and the amounts of employer reimbursement? **Not applicable.**

List any issues or concerns about the training enrollment: None

Supportive Services

18. Is the participant eligible for unemployment insurance (UI)? If so, what is the weekly benefit amount and when will it expire? **Yes, (Participant) is currently receiving \$301 weekly benefit. (Participant) ending date was scheduled for 3/21/10; however, with the additional extensions, no end date for UI can be determined at the date of this monitoring.**
19. Is the participant working in interim employment (i.e., employment that does not provide for "self-sufficiency," as defined by the state or local board policy)? If so, list the employer and wage level. **No.**
20. List all planned supportive services, and their estimated costs. **In future, (Participant) will require transportation to look for and secure employment plus transportation to and from school. However, since (Participant) is now only participating in a partner JSP no supportive services at this time.**
21. Are the services provided according to the policies proposed in the grant application, including eligibility, amounts, duration, etc.? **Not applicable at the time of this monitoring.**
22. If needs-related payments (NRPs) are provided, does the participant meet the eligibility criteria? **Not applicable.**
23. Are the NRPs provided according to the approved policies in the grant application? **Not applicable.**

List any issues or concerns about the provision of supportive services: None.

Case Management

24. Does the file indicate the participant is receiving regular contact and assistance from the counselor/case manager? **Yes.**
25. Has more than three months elapsed since the last scheduled service, indicating a "soft exit" should be recorded? **No.**

List any issues or concerns about case management:

Outcomes **Not applicable at the time of this review.**

If the participant has exited from the program, list any known information about outcomes, including exit date, employment status, new employer, occupation, credential attainment, wage at placement, etc. **Not applicable, (Participant) is still enrolled in the program at the time of this review.**

PARTICIPANT FILE REVIEW

Project Name: (Company of Dislocation)

Participant Name: (Participant's Name) **SSN:** XXX-XX-XXXX

Eligibility: DW

Employer of dislocation	(Company of Dislocation)
Job title & wage at dislocation	Pressman at \$13.31 per hour
Job termination date	2/20/09
Documentation of job termination & date	Self-Attestation - Application
Does documentation indicate an involuntary separation?	X Yes o No
Application date	6/18/09
Employment status at time of registration	<input type="radio"/> Still at dislocation employer <input checked="" type="radio"/> Unemployed <input type="radio"/> Interim employment
Selective Service	X Yes <input type="radio"/> No <input type="radio"/> N/A Source:
US Citizen	X Yes <input type="radio"/> No Source and/or right-to-work documentation: SS Card

Note any eligibility issues or concerns:

Assessment and Service Planning

1. What is the participant's employment goal? Is there evidence the employment goal is supported by assessment, career counseling, or vocational exploration activities? Briefly describe. Goal is Business Administration and Accounting. CAPS/COPS/COPES showed that this field would be an acceptable match. He started in the Fall of 2009 at (Community College). His current GPA is 3.36.
2. Is the employment goal reasonable and appropriate given the participant's skills, interests, and experience; the local labor market conditions; and the project's wage replacement goals? The employment goal is reasonable based upon the test scores received which showed interest, abilities, and values. LMI shows the opportunities for employment are available and the participant is willing to relocate for employment. The wage replacement rate, based on LMI, would be more than sufficient to replace the wage from previous employment.

3. List the services received to date, and the scheduled activities in the Individual Employment Plan (IEP). He started out in G&C, Objective Assessment, and then was placed in IST for Training. He is also receiving TRN, DPC and has a current balance in MSS for possible future use.
4. Does the IEP adequately support the participant's employment goal? Yes

Note any service planning issues or concerns: None

Training – General

5. Does the file contain a determination of the need for training as identified in the IEP, comprehensive assessment, or through another intensive service? Does this determination appear reasonable? Through discussion with the participant it was determined that the individual no longer wanted to pursue manufacturing but, rather, accounting. This led to a decision on the current educational program. Yes, the determination does appear to be reasonable.
6. Does the participant have the skills and qualifications necessary to successfully complete the program? Yes
7. Is the training program directly linked to employment opportunities in the local area (or in an area to which the participant is willing to relocate)? How was this determined? LMI shows both national and Iowa will have an increase of 2% or greater in the field chosen. Since the participant is willing to relocate the opportunities for employment will increase given the larger geographic area.

Classroom Training

8. List the training program, provider, duration, and planned cost. Business Administration/Accounting; (Community College) in (local community), IA; this is a 2 year degree completing in May 2011; \$5,500 plus or minus.

9. Are the cost and provision of training consistent with the policies discussed in the grant application? **Yes, the NEG follows the RCSP.**

10. Is the training vendor, and the program, on the eligible training provider list? **Yes**

11. Is the training provided through an appropriate ITA mechanism? **Yes**

12. Has the participant applied for a Pell Grant? **Yes & received.** If a Pell Grant was awarded, were appropriate budgeting and coordination arrangements made? **Yes**

On-the-Job Training (OJT) – NOT APPLICABLE

13. List the employer, job title, training duration, and planned cost.

14. Is the employer's reimbursement rate equal to or less than 50 percent of the participant's wage rate?

15. Are a job description and training outline included in the contract or the case file?

16. Is the duration of the training appropriate, given the skill requirements of the occupation and the participant's skill level and experience?

17. Does the file contain documentation of the number of hours worked, and the amounts of employer reimbursement?

18. List any issues or concerns about the training enrollment:

Supportive Services

19. Is the participant eligible for unemployment insurance (UI)? If so, what is the weekly benefit amount and when will it expire? **He is eligible for UI Benefits and his weekly benefit amount is \$341 per week. Due to extensions the ending date is unknown.**

20. Is the participant working in interim employment (i.e., employment that does not provide for "self-sufficiency," as defined by the state or local board policy)? If so, list the employer and wage level. **No**

21. List all planned supportive services, and their estimated costs. **TRN - \$1,400; DPC - \$200; MSS - \$1,200.**

22. Are the services provided according to the policies proposed in the grant application, including eligibility, amounts, duration, etc.? **Yes**

23. If needs-related payments (NRPs) are provided, does the participant meet the eligibility criteria? **No....no regions in Iowa currently pay NRPs.**

24. Are the NRPs provided according to the approved policies in the grant application? **N/A**

25. List any issues or concerns about the provision of supportive services: **None**

Case Management

26. Does the file indicate the participant is receiving regular contact and assistance from the counselor/case manager? **The Caseworkers have assigned themselves a task of contacting the participant every 30 days. Given some situations this does not always happen, but they are contacted at least every 60 days.**

27. Has more than three months elapsed since the last scheduled service, indicating a “soft exit” should be recorded? **No**

List any issues or concerns about case management: **The participant is very good at providing all requested information, maintaining contact, etc.**

Outcomes

If the participant has exited from the program, list any known information about outcomes, including: exit date, employment status, new employer, occupation, credential attainment, wage at placement, etc. **N/A**

PARTICIPANT FILE REVIEW

Project Name: (Company of Dislocation)

Participant Name: (Participant's Name) **SSN:** XXX-XX-XXXX

Eligibility: DW

Employer of dislocation	(Company of Dislocation)
Job title & wage at dislocation	Asst Crew Leader; \$14.21/hour
Job termination date	2/27/09
Documentation of job termination & date	Self attestation; WARN letter
Does documentation indicate an involuntary separation?	Yes; WARN letter
Application date	8/3/09
Employment status at time of registration	Unemployed
Selective Service	Yes; Online Verification
US Citizen	Yes; Source and/or right-to-work documentation: SS card

Note any eligibility issues or concerns: None.

Assessment and Service Planning

1. What is the participant's employment goal? Is there evidence the employment goal is supported by assessment, career counseling, or vocational exploration activities? Briefly describe. Initially, (Participant) employment goal was to become employed in Industrial and Commercial Wiring. At the time of this review, (Participant) is working with Voc Rehab and has decided to pursue the Industrial Instrumentation Control Component of his chosen field. (Participant) employment goal is well supported through the Case Worker's identification of (Participant) self attestation regarding his physical health and the subsequent referral to Vocational Rehab has assisted (Participant) in looking at how he can realistically complete his employment goal through not only the NEG Project career counseling but also through Voc Rehab's assistance and assessment.
2. Is the employment goal reasonable and appropriate given the participant's skills, interests, and experience; the local labor market conditions; and the project's wage replacement goals? Yes, (Participant) self-assessment indicates his interest in becoming an electrician and his request to identify where to complete his education. In addition, the case file contains the LMI for both Iowa and Minnesota since (Participant) indicates he is willing to relocate. (Participant) CAPS/COPS/COPES documents indicate that he is Technology Skilled and the TABE indicates (Participant) is not basic skills deficient.

3. List the services received to date, and the scheduled activities in the Individual Employment Plan (IEP). OBA, 8/6/09; G&C, 8/6/09; IST, 1/7/10; Misc Services, 1/7/10; Dependent Care, 1/7/10; Transportation, 1/7/10
4. Does the IEP adequately support the participant's employment goal? Yes; the file is well documented regarding (Participant) interest in the field of Industrial and Commercial Wiring and his TABE indicates a reading level at 13.0 and math at 12.0

Note any service planning issues or concerns: None

Training – General

5. Does the file contain a determination of the need for training as identified in the IEP, comprehensive assessment, or through another intensive service? Does this determination appear reasonable? Yes, (Participant) has no previous experience or training in industrial or commercial wiring or instrumentation control.
6. Does the participant have the skills and qualifications necessary to successfully complete the program? Yes, (Participant) TABE indicates a reading level at 13.0 and math level of 12.0. In addition, (Participant) self-assessment indicates an interest in becoming an electrician and the CAPS/COPS/COPES identified (Participant) as being Technology Skilled.
7. Is the training program directly linked to employment opportunities in the local area (or in an area to which the participant is willing to relocate)? How was this determined? Yes, job search and placement at (Community College) is available and also includes a practicum. The case file contains LMI indicating a 9% increase in the need for electricians in Iowa and 11% increase in Minnesota.

Classroom Training

8. List the training program, provider, duration, and planned cost. Industrial Instrumentation and Control, (Community College), 4 semesters plus 1 summer term (practicum). Participant is eligible for \$2,000 (CSP limit) for the IST and \$2,000 support services for the current program year 2009.
9. Are the cost and provision of training consistent with the policies discussed in the grant application? Yes.
10. Is the training vendor, and the program, on the eligible training provider list? Yes.
11. Is the training provided through an appropriate ITA mechanism? Yes.
12. Has the participant applied for a Pell Grant? If a Pell Grant was awarded, were appropriate budgeting and coordination arrangements made? Yes; (Participant) will receive a total of \$3,300 for the spring and summer 2010 semesters. The file indicates that the Pell Grant was included in the FND for the Spring 2010.

On-the-Job Training (OJT) Not applicable at the time of this review.

13. List the employer, job title, training duration, and planned cost. Not applicable at the time of this review.
14. Is the employer's reimbursement rate equal to or less than 50 percent of the participant's wage rate? Not applicable.

15. Are a job description and training outline included in the contract or the case file? **Not applicable**
16. Is the duration of the training appropriate, given the skill requirements of the occupation and the participant's skill level and experience? **Not applicable**
17. Does the file contain documentation of the number of hours worked, and the amounts of employer reimbursement? **Not applicable**

List any issues or concerns about the training enrollment: None

Supportive Services

18. Is the participant eligible for unemployment insurance (UI)? If so, what is the weekly benefit amount and when will it expire? **Yes, (Participant) is receiving \$389 weekly benefits that were due to expire 2/28/10. However, (Participant) is eligible for the TEB and other extensions while attending school.**
19. Is the participant working in interim employment (i.e., employment that does not provide for "self-sufficiency," as defined by the state or local board policy)? If so, list the employer and wage level. **No, (Participant) is not working at the time of this review.**
20. List all planned supportive services, and their estimated costs. **IST, \$2000; TRN \$650; Dependent Care \$150; Miscellaneous \$200.**
21. Are the services provided according to the policies proposed in the grant application, including eligibility, amounts, duration, etc.? **Yes.**
22. If needs-related payments (NRPs) are provided, does the participant meet the eligibility criteria? **Not applicable.**
23. Are the NRPs provided according to the approved policies in the grant application? **Not applicable.**

List any issues or concerns about the provision of supportive services: None.

Case Management

24. Does the file indicate the participant is receiving regular contact and assistance from the counselor/case manager? **Yes.**
25. Has more than three months elapsed since the last scheduled service, indicating a "soft exit" should be recorded? **No.**

List any issues or concerns about case management: None

Outcomes Not applicable at the time of this review.

If the participant has exited from the program, list any known information about outcomes, including exit date, employment status, new employer, occupation, credential attainment, wage at placement, etc. **Not applicable, (Participant) is still enrolled in the program at the time of this review.**

PARTICIPANT FILE REVIEW

Project Name: (Company of Dislocation)

Participant Name: (Participant's Name) SSN: XXX-XX-XXXX

Eligibility: DW

Employer of dislocation	(Company of Dislocation)
Job title & wage at dislocation	Shredder Operator at \$12.25 per hour
Job termination date	3/31/09
Documentation of job termination & date	Self-Attestation - Application
Does documentation indicate an involuntary separation?	X Yes o No
Application date	5/28/09
Employment status at time of registration	<input type="radio"/> Still at dislocation employer <input checked="" type="radio"/> Unemployed <input type="radio"/> Interim employment
Selective Service	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A Source: Veteran
US Citizen	<input checked="" type="radio"/> Yes <input type="radio"/> No Source and/or right-to-work documentation: SS Card

Note any eligibility issues or concerns: None

Assessment and Service Planning

1. What is the participant's employment goal? Is there evidence the employment goal is supported by assessment, career counseling, or vocational exploration activities? Briefly describe. He initially started as a welding class in the SUG component. After completion he wanted to achieve certification...he struggled in the class and did not complete the certification test. Subsequently, he was diagnosed with COPD which made welding a no longer viable occupation. In checking with his physician pertaining to occupations that may be allowable it was determined that the possibility of CNA maybe an alternative. He was also referred to Voc Rehab for evaluation. At this point, education is pending until 5/10 when the program starts.
2. Is the employment goal reasonable and appropriate given the participant's skills, interests, and experience; the local labor market conditions; and the project's wage replacement goals? Based upon the participant's evaluation of himself, he feels that the occupation would be within the physical limitations, he is willing to commute to

surrounding areas (as will probably be necessary based upon LMI information), and he is aware of the reduction in wages from his original employment to the potential new one of CNA.

3. List the services received to date, and the scheduled activities in the Individual Employment Plan (IEP). Initially, see Item 1 above. In addition, the participant is currently in a JSP activity to try to achieve employment. If not achieved by 5/10 then the alternative training for CNA will be reconsidered.
4. Does the IEP adequately support the participant's employment goal? Initially, the IEP showed that the post-secondary training for welding would support the employment goal. However, the subsequent health problems are still being evaluated for possible alternatives to welding.

Note any service planning issues or concerns None:

Training – General

5. Does the file contain a determination of the need for training as identified in the IEP, comprehensive assessment, or through another intensive service? Does this determination appear reasonable? Through the use of CAPS/COPS/COPES, the initial results showed that welding would be a viable occupation. Along with this the participant questioned about taking a short-term educational program in computers. This is still being considered. This led to participation in a SUG for welding & subsequent IST for welding certification. This was logical & reasonable at the time; however, health reasons changed all planning. (see above)
6. Does the participant have the skills and qualifications necessary to successfully complete the program? Initially, for the welding classes, yes there was a chance of success. However, the health condition has changed all planning & is currently being re-evaluated.
7. Is the training program directly linked to employment opportunities in the local area (or in an area to which the participant is willing to relocate)? How was this determined? Initially for the welding program the opportunities were available within commuting distance; however, since welding is no longer within the opportunity for employment, this now has to be re-evaluated.

Classroom Training

8. List the training program, provider, duration, and planned cost. **Initially, the welding program followed this format: Welding; (Community College); 3 months; \$950 total.**

9. Are the cost and provision of training consistent with the policies discussed in the grant application? **Yes**

10. Is the training vendor, and the program, on the eligible training provider list? **Yes**

11. Is the training provided through an appropriate ITA mechanism? **Yes**

12. Has the participant applied for a Pell Grant? **No** If a Pell Grant was awarded, were appropriate budgeting and coordination arrangements made? **N/A**

On-the-Job Training (OJT) – N/A

13. List the employer, job title, training duration, and planned cost.

14. Is the employer's reimbursement rate equal to or less than 50 percent of the participant's wage rate?
15. Are a job description and training outline included in the contract or the case file?
16. Is the duration of the training appropriate, given the skill requirements of the occupation and the participant's skill level and experience?
17. Does the file contain documentation of the number of hours worked, and the amounts of employer reimbursement?
18. List any issues or concerns about the training enrollment:

Supportive Services

19. Is the participant eligible for unemployment insurance (UI)? If so, what is the weekly benefit amount and when will it expire? *At the time of application, he was eligible but not receiving. Subsequently, he has started receiving U.I. at a weekly benefit of \$307 per week. Scheduled end date is 7/10/10; however, given the number of extensions this date is probably not realistic.*
20. Is the participant working in interim employment (i.e., employment that does not provide for "self-sufficiency," as defined by the state or local board policy)? If so, list the employer and wage level. *No*

21. List all planned supportive services, and their estimated costs. TRN (\$75.00);
22. Are the services provided according to the policies proposed in the grant application, including eligibility, amounts, duration, etc.? Yes
23. If needs-related payments (NRPs) are provided, does the participant meet the eligibility criteria? No
24. Are the NRPs provided according to the approved policies in the grant application? N/A
25. List any issues or concerns about the provision of supportive services: None

Case Management

26. Does the file indicate the participant is receiving regular contact and assistance from the counselor/case manager? The Caseworkers have assigned themselves a task of contacting the participant every 30 days. Given some situations this does not always happen, but they are contacted at least every 60 days.
27. Has more than three months elapsed since the last scheduled service, indicating a “soft exit” should be recorded? No

List any issues or concerns about case management: None

Outcomes

If the participant has exited from the program, list any known information about outcomes, including: exit date, employment status, new employer, occupation, credential attainment, wage at placement, etc. N/A

PARTICIPANT FILE REVIEW

Project Name: (Company of Dislocation)

Participant Name: (Participant's Name) **SSN:** XXX-XX-XXXX

Eligibility: DW

Employer of dislocation	(Company of Dislocation)
Job title & wage at dislocation	Second Pressman; \$15.75/hour
Job termination date	2/27/09
Documentation of job termination & date	Self attestation; WARN letter
Does documentation indicate an involuntary separation?	Yes; WARN letter
Application date	10/02/09
Employment status at time of registration	Unemployed
Selective Service	Yes; Source: Online verification
US Citizen	Yes; Source and/or right-to-work documentation: SS Card

Note any eligibility issues or concerns: None.

Assessment and Service Planning

1. What is the participant's employment goal? Is there evidence the employment goal is supported by assessment, career counseling, or vocational exploration activities? Briefly describe. (Participant) employment goal is Construction Technology. The self-assessment at time of application indicates an interest in Carpentry. At the time of the completion of the CAPS/COPS/COPE, the assessment indicated (Participant) is skilled in Technology, Technology Professional and Outdoor of which, two are a good indication of (Participant) success in his chosen employment goal.
2. Is the employment goal reasonable and appropriate given the participant's skills, interests, and experience; the local labor market conditions; and the project's wage replacement goals? Yes, the CAPS/COPS/COPES assessment indicates both Technology and Outdoor Skilled areas. In addition, (Participant) father owns a construction company where (Participant) is currently working part-time and (Participant) has past experience in concrete, framing, siding and masonry. The case file indicates that Construction Technology is being explored through NICC which is a four-semester plus one summer semester practicum program. The case file does not currently include actual LMI information, however; the school program indicates a wage range of \$15 to \$18.50 hourly rate in (Iowa) at the completion of the two-year program.

3. List the services received to date, and the scheduled activities in the Individual Employment Plan (IEP). OBA, 10/15/09; G&C, 10/15/09. No other services have been provided at the time of this review. (Participant) was injured during the past winter and has subsequently had surgery. It is anticipated that (Participant) will enroll in school for the fall 2010 term.
4. Does the IEP adequately support the participant's employment goal? Yes; construction technology is well documented throughout the case file and Joe's self-assessment.

Note any service planning issues or concerns: *None.*

Training – General

5. Does the file contain a determination of the need for training as identified in the IEP, comprehensive assessment, or through another intensive service? Does this determination appear reasonable? Yes, even though (Participant) has some past construction experience, his current part-time employer does require formal training in order for (Participant) to be considered for full-time employment in construction technology.
6. Does the participant have the skills and qualifications necessary to successfully complete the program? Yes, (Participant) has some past construction experience and in addition, the CAPS/COPS/COPES supports (Participant) highest interest is in the area of Technology Skilled and Outdoor that are good indicators for the construction technology field.
7. Is the training program directly linked to employment opportunities in the local area (or in an area to which the participant is willing to relocate)? How was this determined? Yes, however, (Participant) anticipates receiving full-time employment at his father's construction company at the end of his training program. Even though the LMI has not been included in the case file at the point of this monitoring, the (Community College) Construction Technology Program notes indicates that in (Iowa), (Participant) could anticipate a wage range of between \$15-18.50 per hour at the completion of the two-year program.

Classroom Training

8. List the training program, provider, duration, and planned cost. At the time of this review, the case notes indicate that (Participant) will enroll in (Community College) Construction Technology program that includes four semesters and a summer term practicum. The case manager indicates that when (Participant) completes his enrollment at (Community College) for the fall 2010 semester, the FND will be completed to determine the planned cost for the training program.
9. Are the cost and provision of training consistent with the policies discussed in the grant application? Yes.
10. Is the training vendor, and the program, on the eligible training provider list? Yes.
11. Is the training provided through an appropriate ITA mechanism? Yes.
12. Has the participant applied for a Pell Grant? If a Pell Grant was awarded, were appropriate budgeting and coordination arrangements made? No indication that a Pell Grant has been applied for in the case file. However, it should be noted that (Participant) has not completed the financial aid process with (Community College) according to the case note of 12/17/09.

On-the-Job Training (OJT) Not applicable at the time of this review.

13. List the employer, job title, training duration, and planned cost. **Not applicable.**
14. Is the employer's reimbursement rate equal to or less than 50 percent of the participant's wage rate? **Not applicable.**
15. Are a job description and training outline included in the contract or the case file? **Not applicable.**
16. Is the duration of the training appropriate, given the skill requirements of the occupation and the participant's skill level and experience? **Not applicable.**
17. Does the file contain documentation of the number of hours worked, and the amounts of employer reimbursement? **Not applicable.**

List any issues or concerns about the training enrollment: None.

Supportive Services

18. Is the participant eligible for unemployment insurance (UI)? If so, what is the weekly benefit amount and when will it expire? **(Participant) had been receiving UI prior to his injury and subsequent surgery on 2/11/10. Case notes indicate that (Participant) has been referred to Voc Rehab for potential assistance with living expenses since (Participant) UI is currently suspended since he is not able to work because of his shoulder injury this winter.**
19. Is the participant working in interim employment (i.e., employment that does not provide for "self-sufficiency," as defined by the state or local board policy)? If so, list the employer and wage level. **(Participant) was working part-time (30 hours average per week) for his father's construction company prior to this injury this winter. Case notes do not indicate that (Participant) is not working at the time of this review.**
20. List all planned supportive services, and their estimated costs. **None at the time of this review.**
21. Are the services provided according to the policies proposed in the grant application, including eligibility, amounts, duration, etc.? **Not applicable.**
22. If needs-related payments (NRPs) are provided, does the participant meet the eligibility criteria? **Not applicable.**
23. Are the NRPs provided according to the approved policies in the grant application? **Not applicable.**

List any issues or concerns about the provision of supportive services: None.

Case Management

24. Does the file indicate the participant is receiving regular contact and assistance from the counselor/case manager? **Yes.**
25. Has more than three months elapsed since the last scheduled service, indicating a "soft exit" should be recorded? **No.**

List any issues or concerns about case management: None.

Outcomes Not applicable at the time of this review.

If the participant has exited from the program, list any known information about outcomes, including exit date, employment status, new employer, occupation, credential attainment, wage at placement, etc. [Not applicable, \(Participant\) is still enrolled in the program at the time of this review.](#)

PARTICIPANT FILE REVIEW

Project Name: (Company of Dislocation)

Participant Name: (Participant's Name)

SSN: XXX-XX-XXXX

Eligibility: DW

Employer of dislocation	(Company of Dislocation)
Job title & wage at dislocation	Finishing Supervisor at \$20.00 per hour
Job termination date	3/13/09
Documentation of job termination & date	Self-Attestation per Application
Does documentation indicate an involuntary separation?	X Yes o No
Application date	3/20/09
Employment status at time of registration	<input type="radio"/> Still at dislocation employer <input checked="" type="radio"/> Unemployed <input type="radio"/> Interim employment
Selective Service	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A Source:
US Citizen	<input checked="" type="radio"/> Yes <input type="radio"/> No Source and/or right-to-work documentation: SS Card

Note any eligibility issues or concerns: No

Assessment and Service Planning

1. What is the participant's employment goal? Is there evidence the employment goal is supported by assessment, career counseling, or vocational exploration activities? Briefly describe. This participant initially started in a SUG for Administrative Assistant Basics at (Community College). After completion, initially wanted to continue the Administrative Assistant program for a 2-year degree. Just prior to starting in the fall of 2009 she changed her mind and decided to attend Agri-Business Technology. She attended one term and did not return. She is now in a partnered JSP for work search, working on her farm, and seeking P/T employment.
2. Is the employment goal reasonable and appropriate given the participant's skills, interests, and experience; the local labor market conditions; and the project's wage replacement goals? No, due to the participant's failure to follow-through on the objective and the plan. Also, reluctance to continue participation and potential advancement in employment.

3. List the services received to date, and the scheduled activities in the Individual Employment Plan (IEP). Followed the path of G&C, OBA, and then entered the SUG for the short-term educational program. Was subsequently scheduled for a 2 year program, started, and discontinued.
4. Does the IEP adequately support the participant's employment goal? Yes, given that it was originally written and then changed per the participant's choice. However, the participant did not follow through.

Note any service planning issues or concerns: None

Training – General

5. Does the file contain a determination of the need for training as identified in the IEP, comprehensive assessment, or through another intensive service? Does this determination appear reasonable? Yes
6. Does the participant have the skills and qualifications necessary to successfully complete the program? Yes...however, she chose not to continue.
7. Is the training program directly linked to employment opportunities in the local area (or in an area to which the participant is willing to relocate)? How was this determined? LMI showed employment opportunities and the participant was not willing to relocate due to farming in the area.

Classroom Training

8. List the training program, provider, duration, and planned cost. Agri-Business Technology; at (Community College); started 8/2009 and should have completed 5/2011 but chose to drop out of the program; \$1,950.00

9. Are the cost and provision of training consistent with the policies discussed in the grant application? **Yes**

10. Is the training vendor, and the program, on the eligible training provider list? **Yes**

11. Is the training provided through an appropriate ITA mechanism? **Yes**

12. Has the participant applied for a Pell Grant? **Yes** If a Pell Grant was awarded, were appropriate budgeting and coordination arrangements made? **Yes, through the FND**

On-the-Job Training (OJT) – Not Applicable

13. List the employer, job title, training duration, and planned cost.

14. Is the employer's reimbursement rate equal to or less than 50 percent of the participant's wage rate?

15. Are a job description and training outline included in the contract or the case file?

16. Is the duration of the training appropriate, given the skill requirements of the occupation and the participant's skill level and experience?

17. Does the file contain documentation of the number of hours worked, and the amounts of employer reimbursement?

18. List any issues or concerns about the training enrollment:

Supportive Services

19. Is the participant eligible for unemployment insurance (UI)? If so, what is the weekly benefit amount and when will it expire? **Yes, and the weekly benefit amount is \$389 and expired 3/21/10; however, extensions will continue the U.I. Benefit.**

20. Is the participant working in interim employment (i.e., employment that does not provide for "self-sufficiency," as defined by the state or local board policy)? If so, list the employer and wage level. **On 5/18/09 she indicated that she started employment at (local garden service); however, there are no indications that she is continuing to be employed there.**

21. List all planned supportive services, and their estimated costs. **TRN - \$950; however, this figure has changed due to participant dropping the post-secondary education.**

22. Are the services provided according to the policies proposed in the grant application, including eligibility, amounts, duration, etc.? **Yes**

23. If needs-related payments (NRPs) are provided, does the participant meet the eligibility criteria? **No**

24. Are the NRPs provided according to the approved policies in the grant application? **N/A**

25. List any issues or concerns about the provision of supportive services: **Planned was \$950; however, the participant dropped the post-secondary education program and the funds “planned” have now been deobligated.**

Case Management

26. Does the file indicate the participant is receiving regular contact and assistance from the counselor/case manager? **The Caseworkers have assigned themselves a task of contacting the participant every 30 days. Given some situations this does not always happen, but they are contacted at least every 60 days.**
27. Has more than three months elapsed since the last scheduled service, indicating a “soft exit” should be recorded? **No**

List any issues or concerns about case management: **None**

Outcomes

If the participant has exited from the program, list any known information about outcomes, including: exit date, employment status, new employer, occupation, credential attainment, wage at placement, etc. **N/A**

PARTICIPANT FILE REVIEW

Project Name: (Company of Dislocation)

Participant Name: (Participant's Name) **SSN:** XXX-XX-XXXX

Eligibility: DW

Employer of dislocation	(Company of Dislocation)
Job title & wage at dislocation	Customer Service Rep./Scheduler at \$23.00 per hour
Job termination date	2/27/09
Documentation of job termination & date	Self-Attestation from Application
Does documentation indicate an involuntary separation?	X Yes o No
Application date	5/22/09
Employment status at time of registration	<input type="radio"/> Still at dislocation employer <input checked="" type="radio"/> Unemployed <input type="radio"/> Interim employment
Selective Service	X Yes o No o N/A Source:
US Citizen	X Yes o No Source and/or right-to-work documentation: SS Card

Note any eligibility issues or concerns: None

Assessment and Service Planning

1. What is the participant's employment goal? Is there evidence the employment goal is supported by assessment, career counseling, or vocational exploration activities? Briefly describe. Participant entered the program for obtaining a CDL through a SUG. Went through OBA and Career Counseling along with LMI.

2. Is the employment goal reasonable and appropriate given the participant's skills, interests, and experience; the local labor market conditions; and the project's wage replacement goals? Yes

3. List the services received to date, and the scheduled activities in the Individual Employment Plan (IEP). Completed the SUG for CDL. Also received TRN.

4. Does the IEP adequately support the participant's employment goal? **Yes, the participant had potential job lead that required a CDL. He obtained the CDL and achieved the employment.**

Note any service planning issues or concerns: No

Training – General

5. Does the file contain a determination of the need for training as identified in the IEP, comprehensive assessment, or through another intensive service? Does this determination appear reasonable? **Yes. (see Item 1)**
6. Does the participant have the skills and qualifications necessary to successfully complete the program? **Yes**
7. Is the training program directly linked to employment opportunities in the local area (or in an area to which the participant is willing to relocate)? How was this determined? **Was determined through LMI and the fact that this participant already had potential job lead based on obtaining a CDL.**

Classroom Training

8. List the training program, provider, duration, and planned cost. **Truck Driver Training; (Community College) six-hours of training (with no more than 75 hours of training) through a one-on-one process; and the planned cost was \$600.**
9. Are the cost and provision of training consistent with the policies discussed in the grant application? **Yes**

10. Is the training vendor, and the program, on the eligible training provider list? **Yes**

11. Is the training provided through an appropriate ITA mechanism? **Yes**

12. Has the participant applied for a Pell Grant? **No** If a Pell Grant was awarded, were appropriate budgeting and coordination arrangements made? **N/A**

On-the-Job Training (OJT) – Not Applicable

13. List the employer, job title, training duration, and planned cost.

14. Is the employer's reimbursement rate equal to or less than 50 percent of the participant's wage rate?

15. Are a job description and training outline included in the contract or the case file?

16. Is the duration of the training appropriate, given the skill requirements of the occupation and the participant's skill level and experience?

17. Does the file contain documentation of the number of hours worked, and the amounts of employer reimbursement?

18. List any issues or concerns about the training enrollment:

Supportive Services

19. Is the participant eligible for unemployment insurance (UI)? If so, what is the weekly benefit amount and when will it expire? **Participant was eligible for U.I. at the time of enrollment; however, due to achieving employment the U.I. has ended. Originally received \$361 per week and was scheduled to end 2/28/10.**

20. Is the participant working in interim employment (i.e., employment that does not provide for “self-sufficiency,” as defined by the state or local board policy)? If so, list the employer and wage level. **No**

21. List all planned supportive services, and their estimated costs. **TRN - \$32.00**

22. Are the services provided according to the policies proposed in the grant application, including eligibility, amounts, duration, etc.? **Yes**

23. If needs-related payments (NRPs) are provided, does the participant meet the eligibility criteria? **No**

24. Are the NRPs provided according to the approved policies in the grant application? **N/A**

25. List any issues or concerns about the provision of supportive services: **None**

Case Management

26. Does the file indicate the participant is receiving regular contact and assistance from the

counselor/case manager? The Caseworkers have assigned themselves a task of contacting the participant every 30 days. Given some situations this does not always happen, but they are contacted at least every 60 days. Since this participant has been exited due to employment, PPS was offered.

27. Has more than three months elapsed since the last scheduled service, indicating a “soft exit” should be recorded? No

List any issues or concerns about case management: None

Outcomes

If the participant has exited from the program, list any known information about outcomes, including: exit date, employment status, new employer, occupation, credential attainment, wage at placement, etc. Exit date is 10/06/09; still employed; same employer of (Current Employer); copy of CDL is in the file; \$15.38 per hour at time of placement.

PARTICIPANT FILE REVIEW

Project Name: (Company of Dislocation)

Participant Name: (Participant's Name) **SSN:** XXX-XX-XXXX

Eligibility: DW

Employer of dislocation	(Company of Dislocation)
Job title & wage at dislocation	Billing Analyst; \$12.01/hourly
Job termination date	3/13/09
Documentation of job termination & date	Self attestation; Warn letter
Does documentation indicate an involuntary separation?	Yes, WARN letter
Application date	9/18/09
Employment status at time of registration	Unemployed
Selective Service	N/A
US Citizen	Yes; Source and/or right-to-work documentation: SS card

Note any eligibility issues or concerns: None.

Assessment and Service Planning

1. What is the participant's employment goal? Is there evidence the employment goal is supported by assessment, career counseling, or vocational exploration activities? Briefly describe. (Participant) wants to complete her BA degree in accounting. (Participant) has completed her two-year AA degree in accounting in addition to the CAPS/COPS/COPES that indicated Science Professional, Technology Professional and Clerical Skills. (Participant) TABE assessment indicates no basic skill deficiency; reading and math scores were both 13.0.
2. Is the employment goal reasonable and appropriate given the participant's skills, interests, and experience; the local labor market conditions; and the project's wage replacement goals? Yes, (Participant) has her two-year AA degree in accounting and was working as a billing analyst at (Company of Dislocation) prior to the plant closure. (Participant) previous experience prior to (Company of Dislocation) was also in secretarial and bookkeeping (accounts payable and accounts receivable). LMI information in the case file indicates that the accounting major could be in the median of \$50,700 in Iowa with an expectation that this will be lower in (section) Iowa. Accounting professions are anticipated to increase 19% in Iowa. (Participant) is not willing to relocate.
3. List the services received to date, and the scheduled activities in the Individual Employment

Plan (IEP). OBA, 09/18/09; G&C, 09/18//09; JSP, 09/28/09; IST, 01/07/10.

4. Does the IEP adequately support the participant's employment goal? Yes, (Participant) has completed the CAPS/COPS/COPEs and completed her two-year AA degree in accounting at the end of the fall 2009 semester.

Note any service planning issues or concerns: None

Training – General

5. Does the file contain a determination of the need for training as identified in the IEP, comprehensive assessment, or through another intensive service? Does this determination appear reasonable? Yes, (Participant) was enrolled in a JSP but continued to be denied employment because of her lack of a four-year degree and her lack of experience. (Participant) was told she was either over-qualified in the education portion or did not have the four-year degree to indicate success full-time in accounting.
6. Does the participant have the skills and qualifications necessary to successfully complete the program? Yes, (Participant) CAPS/COPS/CODES indicates Science Professional, Technology Profession and Clerical skills and no basic skill deficiencies. In addition, (Participant) has past experience in accounts payable, accounts receivable and in secretarial/bookkeeping. (Participant) was a billing analyst at (Company of Dislocation) at the time of her layoff.
7. Is the training program directly linked to employment opportunities in the local area (or in an area to which the participant is willing to relocate)? How was this determined? Yes, (local college) does have a good placement program for accounting. Even though (Participant) experienced difficulty finding a full-time employment opportunity during her JSP she has been working part-time since February 2010 at (Accounting Firm) for the tax season. (Participant) current completion of her two-year AA degree and subsequent enrollment to complete her four-year BA degree in accounting was instrumental in (Participant) receiving this part-time employment opportunity.

Classroom Training

8. List the training program, provider, duration, and planned cost. (Participant) is attending (Local University) and is enrolled in their Bachelors Degree Program for Accounting. It is anticipated that (Participant) will attend four semesters at (Local University). The FND in the case file indicates that (Participant) is receiving the full \$2,000 for her IST as indicated in the RCSP to support her degree completion.
9. Are the cost and provision of training consistent with the policies discussed in the grant application? Yes.
10. Is the training vendor, and the program, on the eligible training provider list? Yes.
11. Is the training provided through an appropriate ITA mechanism? Yes.
12. Has the participant applied for a Pell Grant? If a Pell Grant was awarded, were appropriate budgeting and coordination arrangements made? Yes, (Participant) has applied for and received a Pell Grant for \$2,675 for both the spring 2010 Semester and \$2,675 for the Summer 2010 Semester.

On-the-Job Training (OJT) Not applicable at the time of this review.

13. List the employer, job title, training duration, and planned cost. **Not applicable.**
14. Is the employer's reimbursement rate equal to or less than 50 percent of the participant's wage rate? **Not applicable.**
15. Are a job description and training outline included in the contract or the case file? **Not applicable.**
16. Is the duration of the training appropriate, given the skill requirements of the occupation and the participant's skill level and experience? **Not applicable.**
17. Does the file contain documentation of the number of hours worked, and the amounts of employer reimbursement? **Not applicable.**

List any issues or concerns about the training enrollment: None.

Supportive Services

18. Is the participant eligible for unemployment insurance (UI)? If so, what is the weekly benefit amount and when will it expire? **(Participant) is currently receiving a weekly UI benefit of \$404 with an expiration 4/4/10. However, (Participant) will receive the TEB and opportunity for additional extensions while she is attending school.**
19. Is the participant working in interim employment (i.e., employment that does not provide for "self-sufficiency," as defined by the state or local board policy)? If so, list the employer and wage level. **Yes, (Participant) is working 4-7 p.m., 4 days a week (16 hours average) and receiving \$11/hour at her position with (Local Accounting Firm). This position is seasonal during the tax season.**
20. List all planned supportive services, and their estimated costs. **TRN, \$400. TRN was updated when (Participant) enrolled in school.**
21. Are the services provided according to the policies proposed in the grant application, including eligibility, amounts, duration, etc.? **Yes.**
22. If needs-related payments (NRPs) are provided, does the participant meet the eligibility criteria? **Not applicable.**
23. Are the NRPs provided according to the approved policies in the grant application? **Not applicable.**

List any issues or concerns about the provision of supportive services: None.

Case Management

24. Does the file indicate the participant is receiving regular contact and assistance from the counselor/case manager? **Yes.**
25. Has more than three months elapsed since the last scheduled service, indicating a "soft exit" should be recorded? **No; last date of contact in case file is 3/8/10.**

List any issues or concerns about case management: None.

Outcomes Not applicable at the time of this review.

If the participant has exited from the program, list any known information about outcomes, including exit date, employment status, new employer, occupation, credential attainment, wage at placement, etc. [Not applicable, \(Participant\) is still enrolled in the program at the time of this review.](#)

Participant Interviews

Participant interviews offer the reviewer a valuable opportunity speak directly with end-use customers, and provide an excellent means of assessing service quality that one cannot obtain from case files or project reports. Although they add time to the overall review process, you are encouraged to use participant interviews whenever possible.

There are many ways of scheduling and conducting interviews. Whatever approach you use, the review team, rather than the project operator, should be responsible for selecting the participants interviewed. However, it is also important to work closely with the project operator in contacting participants and scheduling the interviews. This process should begin several weeks ahead of time.

A participant interview guide is provided as an attachment to this document, as well as a sample process for scheduling interviews.

Sample Procedure for Scheduling Participant Interviews

1. Determine the number of interviews you can accommodate during the review. You will find there is great variability in each participant's personality, level of experience with the project, and general interest in talking to you. Some interviews will last barely 10 minutes and others will exceed half an hour. When scheduling, be sure to allow at least 30 to 45 minutes between interviews.
2. Using the enrollment list provided by the state, select participant names for the number of interviews you wish to conduct. (You may want to split up the review team and hold concurrent interviews.) This selection may be totally random, or you may want to pick names of individuals receiving a cross-section of services. For example, you may want to deliberately select some participants enrolled in training, some who are in intensive services only, some who are receiving supportive services, etc. Designate these individuals as "primary interviews."
3. Select additional names as "secondary interviews." Because some (or even most) of your "primary interviews" will be unavailable, it is important to create a backup list of additional names. Select about twice as many secondary names as you have primary.
4. Send this list to your state contact. Ask him or her to forward it to the program operator and ask that the program operator schedule the interviews for the times you have reserved. Ask that they also keep of list of reasons why any individuals contacted were unavailable.

PARTICIPANT INTERVIEW GUIDE

NEG Project Name: (Company of Dislocation) **Service Provider:** (Local Service Provider)

Interview Date: March 31, 2010

Participant's Name & SSN: (Participant's Name)

Company at layoff: (Company of Dislocation)

Occupation/wage at layoff:
Third Pressman; \$12.50/hr

Orientation

How did you learn about this program? (Participant) believes he remembers attending a group meeting at (Company of Dislocation).

When the program was explained to you, how did they describe the services that are available? (Participant) learned about being able to attend training and was really interested in going back to school.

Assessment and Service Planning

What is your employment goal? (Participant) wants to complete his landscaping associate degree, work for a local company and eventually open his own business.

How did you select this as your employment goal? (Participant) mentioned that he had always assisted his mom in the garden and flower beds as a kid. Also had several odd jobs mowing lawns, trimming, etc. so a natural choice for him.

Is there a strong demand for this occupation in this area? How do you know? (Participant) mentioned that he first started looking at the HVAC program but through the LMI research determined that there would not be a great deal of jobs in the area. (Participant) and his family are not interested in relocating. After learning about the LMI for lawn care and landscaping, (Participant) decided to pursue an ongoing interest.

How much do you expect to make in this new job? Is this an adequate income to meet your needs? (Participant) could not remember the wage range for landscaping from the LMI review today. He believes that he can make a good wage since closely related to the construction field, painting, landscaping, etc.

Did you use any assessments to help you think about areas of interest or special skills you have? Tell me a little about this. (Participant) reported taking the CAPS/COPS/COPES assessment; he reported this as being the most interesting part of the WIA process. He stated that he was surprised at some of the careers that surfaced for him based on the results.

What role did your career counselor play in helping you identify your career goal and develop a plan for getting back to work? *Not a great deal; (Participant) had a pretty good idea of what direction he wanted to pursue especially after reviewing the LMI data.*

Retraining

If the participant received or is receiving retraining, ask the following questions:

How did you select your training provider? *Only provider in the area that offered the degree program with the least amount of travel. (Participant) is anticipating attending (Community College) beginning with the 2010 Summer Term.*

How is your training going? [Or] What was your training experience like? *Not applicable at the time of this interview.*

Are you [were you] satisfied with the training provider? If not, why not? *Not applicable at the time of this interview.*

Supportive Services and Income Support

If the participant received or is receiving supportive services, ask the following questions:

Does [did] the project help pay for any services like mileage reimbursement, childcare, etc.? If so, which ones? *(Participant) is aware that he can receive these services when he enrolls in the training classes. Not applicable at the time of this interview.*

Do you receive your reimbursements in a timely manner? *Not applicable at the time of this interview.*

How far is [was] your commute? [*If mileage reimbursement was received.*] Does the project reimburse you for any travel expenses other than mileage to and from training? *(Participant) mentioned that he will need to commute about 30-45 minutes to (Community College) for his training.*

Are you currently working? If so, where and how many hours per week? *(Participant) works as a delivery driver for the local (Local Business) approximately 13 hours a week or less. Most of the money he makes simply puts gas back in his car and fills up his wife's gas tank for the week.*

Are you currently receiving Unemployment Insurance? If so, do you know when your benefits will expire? *(Participant) is currently receiving UI but reported that he knows he has about seven weeks left. He is aware that he will need to be enrolled and attending school in order to continue receiving the UI benefits.*

How will you meet your income needs when your Unemployment Insurance benefits run out? [*If enrolled in training lasting longer than 26 weeks.*] *(Participant) expects to be working full-*

time after he completes his training program.

Are you receiving Needs-Related Payments? How much is your payment? *[Ask only if NRPs are offered in the project, and if the file indicates the participant is receiving them.]* Not applicable.

Job Search Assistance: Not applicable at the time of this interview.

If the participant does not plan to enroll in training, or has completed training, ask the following questions:

Did you receive any services to help with your job search? Could you tell me a little about this? *[Look for information about job search skills, identifying job openings, job development, interviewing skills, resume preparation, job clubs, etc].*

Were these services helpful? Please explain.

How is your job search going?

General Program Issues

Is there a particular staff person that you usually work with? (Participant) reported working with (WIA Generalist).

What has this been like? Very good. (Participant) reported that (WIA Generalist) has been very helpful and has recognized his need to provide full-time care for his children. (WIA Generalist) tries hard to accommodate (Participant) daytime schedule and is willing to work with (Participant) to ensure that he has everything in place for school that he needs.

How often do you have contact with him/her? (Participant) reported that he visits with (WIA Generalist) perhaps once a month. He anticipates that it might be more once he is attending school.

Have you ever had any problems with the project? [If so] Please tell me more about this. Was the issue resolved? How? No problems were reported. (Participant) mentioned that if there have been any difficulties it is because of his lack of follow-up on a timely basis.

Evaluation and Wrap-Up

Now I am going to ask you about your overall experience with the services you have received so far. I will read three statements and ask you to rate your experience.

1. On a scale of 1 to 10, where 1 means “very dissatisfied” and 10 means “very satisfied,” what is your overall satisfaction with the services provided from the project? 9
2. Considering all of the expectations you may have had about the services, to what extent have

the services met your expectations? 1 now means, “falls short of expectations” and 10 means “exceed your expectations.” 9

3. Now think of the ideal program for people in your circumstances. How well do you think the services you received compare with the ideal set of services? 1 now means “not very close to the ideal” and 10 now means “very close to the ideal.” 10

Do you feel there are services you need to be successful in achieving your employment goal, but that you are not currently receiving? If so, what services? [Not at this time.](#)

Do you have anything else you would like to share, or any suggestions for improving the project? [Not at this time.](#)

Are there any questions you would like to ask me? [\(Participant\) is concerned about how he will cover all of his expenses for school and day-to-day. We talked a little bit about the importance of ensuring that \(Participant\) followed through with applying for the Pell Grant and working with \(Community College\) on financial aid. I also encouraged him to take the time to work with \(WIA Generalist\) on learning about the various scholarships that may be available.](#)

PARTICIPANT INTERVIEW GUIDE

NEG Project Name: (Company of Dislocation) Service Provider: (Service Provider)

Interview Date: 4/1/10

Participant's Name & SSN: (Participant's Name)

Company at layoff: (Company of Dislocation)

Occupation/wage at layoff:
Equipment Operator - \$12-\$13 hr.

Orientation

How did you learn about this program? (WIA Generalist) called (Participant) frequently and visa versa for Q&A about the project.

When the program was explained to you, how did they describe the services that are available? Attended Worker Information Meeting plus worked one-on-one with (WIA Generalist), plus took assessment testing.

Assessment and Service Planning

What is your employment goal? C.N.A. – attended and received certification for C.N.A. Completed in October 2009. Seeking employment in the field.

How did you select this as your employment goal? Based on assessment results.

Is there a strong demand for this occupation in this area? How do you know? There is a demand but lots of competition.

How much do you expect to make in this new job? \$10 to \$13 hr. Is this an adequate income to meet your needs? Yes

Did you use any assessments to help you think about areas of interest or special skills you have? Tell me a little about this. Yes, through (WIA Generalist). Results showed C.N.A. as an area of interest.

What role did your career counselor play in helping you identify your career goal and develop a plan for getting back to work? Reviewed test scores for top 3 occupations. Then (Participant) selected C.N.A.

Retraining

If the participant received or is receiving retraining, ask the following questions:

How did you select your training provider? (WIA Generalist) provided the phone number for (Community College) – contacted them and arranged starting date in August 2009.

How is your training going? [Or] What was your training experience like? *It was scary for being out of school for so long. The course was pretty interesting. The medical abbreviations were a hindrance but learned them.*

Are you [were you] satisfied with the training provider? If not, why not? *Yes.*

Supportive Services and Income Support

If the participant received or is receiving supportive services, ask the following questions:

Does [did] the project help pay for any services like mileage reimbursement, childcare, etc.? If so, which ones? *They paid for the course but no mileage.*

Do you receive your reimbursements in a timely manner? *N/A*

How far is [was] your commute? [*If mileage reimbursement was received.*] Does the project reimburse you for any travel expenses other than mileage to and from training? *Roughly 1.5 miles each way.*

Are you currently working? If so, where and how many hours per week? *Yes – 18 hours per week as a cook at (Local) Nursing Home. Hopes to promote to C.N.A.*

Are you currently receiving Unemployment Insurance? If so, do you know when your benefits will expire? *Yes – expiration date is unknown.*

How will you meet your income needs when your Unemployment Insurance benefits run out? [*If enrolled in training lasting longer than 26 weeks.*] *Hopefully will be working fulltime.*

Are you receiving Needs-Related Payments? How much is your payment? [*Ask only if NRPs are offered in the project, and if the file indicates the participant is receiving them.*] *N/A*

Job Search Assistance

If the participant does not plan to enroll in training, or has completed training, ask the following questions:

Did you receive any services to help with your job search? Could you tell me a little about this? [*Look for information about job search skills, identifying job openings, job development, interviewing skills, resume preparation, job clubs, etc.*] *(WIA Generalist) provided job leads as well as checking the newspaper, searching on own, etc.*

Were these services helpful? Please explain. *Yes, achieved part-time employment with opportunity to advance.*

How is your job search going? **It is going – doing the 2 required U.I. contacts per week – no other prospective leads.**

General Program Issues

Is there a particular staff person that you usually work with? **(WIA Generalist)**

What has this been like? **Very helpful – she calls on ads in the newspaper or on the computer.**

How often do you have contact with him/her? **Once to twice per month.**

Have you ever had any problems with the project? [If so] Please tell me more about this. Was the issue resolved? How? **None**

Evaluation and Wrap-Up

Now I am going to ask you about your overall experience with the services you have received so far. I will read three statements and ask you to rate your experience.

4. On a scale of 1 to 10, where 1 means “very dissatisfied” and 10 means “very satisfied,” what is your overall satisfaction with the services provided from the project? **7**
5. Considering all of the expectations you may have had about the services, to what extent have the services met your expectations? 1 now means, “falls short of expectations” and 10 means “exceed your expectations.” **10**
6. Now think of the ideal program for people in your circumstances. How well do you think the services you received compare with the ideal set of services? 1 now means “not very close to the ideal” and 10 now means “very close to the ideal.” **5**

Do you feel there are services you need to be successful in achieving your employment goal, but that you are not currently receiving? If so, what services? **Once health problems are resolved then the situation should improve. (NOTE: (Participant) is scheduled for knee replacement of left knee and possibly right knee. She also has a disabled husband on SSDI and has serious health problems.)**

Do you have anything else you would like to share, or any suggestions for improving the project? **No – other than find me a job.**

Are there any questions you would like to ask me? **No.**

PARTICIPANT INTERVIEW GUIDE

NEG Project Name: (Company of Dislocation) Service Provider: (Service Provider)

Interview Date: 4/2/10

Participant's Name & SSN: (Participant's Name)

Company at layoff: (Company of Dislocation)

Occupation/wage at layoff:
Tipper Operator - \$13 hr.

Orientation

How did you learn about this program? Group meeting at (Company of Dislocation)

When the program was explained to you, how did they describe the services that are available?
Job Help, U.I., and Testing.

Assessment and Service Planning

What is your employment goal? I didn't know at the time. Decided to go to college – Medical Assistant and may change to Medical Coding.

How did you select this as your employment goal? Because I was in the medical field before.

Is there a strong demand for this occupation in this area? How do you know? They say that there is and I learned that through the college.

How much do you expect to make in this new job? Is this an adequate income to meet your needs? They say I can make \$12 per hour or more. That is an acceptable starting wage.

Did you use any assessments to help you think about areas of interest or special skills you have? Tell me a little about this. I was very high in the medical so that is the route to go.

What role did your career counselor play in helping you identify your career goal and develop a plan for getting back to work? (WIA Generalist) has been very helpful. I would quit if I lost her.

Retraining

If the participant received or is receiving retraining, ask the following questions:

How did you select your training provider? Due to being the closest and that they also offered the program at (Community College).

How is your training going? [Or] What was your training experience like? So far, so good. Currently at 3.00 GPA. My classmates call me "Grandma."

Are you [were you] satisfied with the training provider? If not, why not? Yes.

Supportive Services and Income Support

If the participant received or is receiving supportive services, ask the following questions:

Does [did] the project help pay for any services like mileage reimbursement, childcare, etc.? If so, which ones? **Mileage.**

Do you receive your reimbursements in a timely manner? **Yes.**

How far is [was] your commute? [*If mileage reimbursement was received.*] Does the project reimburse you for any travel expenses other than mileage to and from training? **Approximately 1 mile each way.**

Are you currently working? If so, where and how many hours per week? **No.**

Are you currently receiving Unemployment Insurance? If so, do you know when your benefits will expire? **Yes – U.I. ends in May 2010; will file for extension.**

How will you meet your income needs when your Unemployment Insurance benefits run out? [*If enrolled in training lasting longer than 26 weeks.*] **I wouldn't – would have to drop school to seek employment.**

Are you receiving Needs-Related Payments? How much is your payment? [*Ask only if NRPs are offered in the project, and if the file indicates the participant is receiving them.*] **N/A**

Job Search Assistance - Not Applicable

If the participant does not plan to enroll in training, or has completed training, ask the following questions:

Did you receive any services to help with your job search? Could you tell me a little about this? [*Look for information about job search skills, identifying job openings, job development, interviewing skills, resume preparation, job clubs, etc.*].

Were these services helpful? Please explain.

How is your job search going?

General Program Issues

Is there a particular staff person that you usually work with? **Yes, (WIA Generalist) and (WIA Director).**

What has this been like? **Great.**

How often do you have contact with him/her? [At least once per month.](#)

Have you ever had any problems with the project? [If so] Please tell me more about this. Was the issue resolved? How? [Initially, getting mileage and school reimbursements. However, the situation was resolved and no problems since.](#)

Evaluation and Wrap-Up

Now I am going to ask you about your overall experience with the services you have received so far. I will read three statements and ask you to rate your experience.

7. On a scale of 1 to 10, where 1 means “very dissatisfied” and 10 means “very satisfied,” what is your overall satisfaction with the services provided from the project? [10](#)
8. Considering all of the expectations you may have had about the services, to what extent have the services met your expectations? 1 now means, “falls short of expectations” and 10 means “exceed your expectations.” [10](#)
9. Now think of the ideal program for people in your circumstances. How well do you think the services you received compare with the ideal set of services? 1 now means “not very close to the ideal” and 10 now means “very close to the ideal.” [9](#)

Do you feel there are services you need to be successful in achieving your employment goal, but that you are not currently receiving? If so, what services? [More money.](#)

Do you have anything else you would like to share, or any suggestions for improving the project? [No.](#)

Are there any questions you would like to ask me? [No – except that I wish there was medical.](#)

PARTICIPANT INTERVIEW GUIDE

NEG Project Name: (Company of Dislocation) Service Provider: (Service Provider)

Interview Date: 4/1/10

Participant's Name & SSN: (Participant's Name)

Company at layoff: (Company of Dislocation)

Occupation/wage at layoff:
Folder Operator - \$11.50 hr

Orientation

How did you learn about this program? From Iowa Workforce Development

When the program was explained to you, how did they describe the services that are available? They indicated they would really help us out. How many weeks of U.I. benefits and how much you would receive. Group U.I. claim session and additional information.

Assessment and Service Planning

What is your employment goal? To achieve other employment. Wanted to stay in (manufacturing), cook, or auto mechanic. Possibly to own my own restaurant.

How did you select this as your employment goal? These are the occupations I had had before.

Is there a strong demand for this occupation in this area? Did not apply to other (manufacturing) companies due to commuting distance. How do you know? Focused on cooking and auto mechanics and found employment in cooking.

How much do you expect to make in this new job? Was wanting \$10.50 per hour. Is this an adequate income to meet your needs? This would be adequate.

Did you use any assessments to help you think about areas of interest or special skills you have? Tell me a little about this. The tests showed other occupations...but I wasn't interested in them.

What role did your career counselor play in helping you identify your career goal and develop a plan for getting back to work? She explained the test results and went over jobs. She helped complete applications and provided job leads.

Retraining – Not Applicable

If the participant received or is receiving retraining, ask the following questions:

How did you select your training provider?

How is your training going? [Or] What was your training experience like?

Are you [were you] satisfied with the training provider? If not, why not?

Supportive Services and Income Support

If the participant received or is receiving supportive services, ask the following questions:

Does [did] the project help pay for any services like mileage reimbursement, childcare, etc.? If so, which ones? [Transportation for work search and for applications.](#)

Do you receive your reimbursements in a timely manner? [Yes, every two weeks.](#)

How far is [was] your commute? [*If mileage reimbursement was received.*] Does the project reimburse you for any travel expenses other than mileage to and from training? [Was paid a flat rate of \\$.00 per application for mileage.](#)

Are you currently working? [Yes.](#) If so, where and how many hours per week? [40 hours per week at \(other manufacturing\) through temporary service; however, have an interview for permanent position. \(NOTE: \(this manufacturer\) uses a temp service as a “clearing house” for employees before permanent employment with the company\)](#)

Are you currently receiving Unemployment Insurance? If so, do you know when your benefits will expire? [No longer receiving due to employment.](#)

How will you meet your income needs when your Unemployment Insurance benefits run out? [*If enrolled in training lasting longer than 26 weeks.*] [N/A](#)

Are you receiving Needs-Related Payments? How much is your payment? [*Ask only if NRPs are offered in the project, and if the file indicates the participant is receiving them.*] [N/A](#)

Job Search Assistance

If the participant does not plan to enroll in training, or has completed training, ask the following questions:

Did you receive any services to help with your job search? Could you tell me a little about this? [*Look for information about job search skills, identifying job openings, job development, interviewing skills, resume preparation, job clubs, etc.*]. [\(WIA Generalist\) provided job leads; searched on own at 2 contacts per week as U.I. required; offered resume service but declined at the moment.](#)

Were these services helpful? Please explain. [Yes, I ended up with fulltime employment. Also used friends for leads; used \(WIA Generalist\) and others for references.](#)

How is your job search going? [N/A – Employed fulltime.](#)

General Program Issues

Is there a particular staff person that you usually work with? (WIA Generalist).

What has this been like? *Been very exciting and informative.*

How often do you have contact with him/her? *Yes...she still calls me...*

Have you ever had any problems with the project? [If so] Please tell me more about this. Was the issue resolved? How? *Never had any problems.*

Evaluation and Wrap-Up

Now I am going to ask you about your overall experience with the services you have received so far. I will read three statements and ask you to rate your experience.

10. On a scale of 1 to 10, where 1 means “very dissatisfied” and 10 means “very satisfied,” what is your overall satisfaction with the services provided from the project? *9*

11. Considering all of the expectations you may have had about the services, to what extent have the services met your expectations? 1 now means, “falls short of expectations” and 10 means “exceed your expectations.” *9*

12. Now think of the ideal program for people in your circumstances. How well do you think the services you received compare with the ideal set of services? 1 now means “not very close to the ideal” and 10 now means “very close to the ideal.” *9*

Do you feel there are services you need to be successful in achieving your employment goal, but that you are not currently receiving? If so, what services? *The services I received helped me find a job and I was successful.*

Do you have anything else you would like to share, or any suggestions for improving the project? *It does just fine.*

Are there any questions you would like to ask me? *No.*

PARTICIPANT INTERVIEW GUIDE

NEG Project Name: (Company of Dislocation) **Service Provider:** (Service Provider)

Interview Date: Scheduled for 4/2/10 at 9:00 a.m.; however, he did not show for the in-person interview. Due to the lateness in scheduling appointments, we were not able to substitute another potential interview.

Participant's Name & SSN: (Participant's Name)

Company at layoff: (Company of Dislocation)

Occupation/wage at layoff:

Orientation

How did you learn about this program?

When the program was explained to you, how did they describe the services that are available?

Assessment and Service Planning

What is your employment goal?

How did you select this as your employment goal?

Is there a strong demand for this occupation in this area? How do you know?

How much do you expect to make in this new job? Is this an adequate income to meet your needs?

Did you use any assessments to help you think about areas of interest or special skills you have? Tell me a little about this.

What role did your career counselor play in helping you identify your career goal and develop a plan for getting back to work?

Retraining

If the participant received or is receiving retraining, ask the following questions:

How did you select your training provider?

How is your training going? [Or] What was your training experience like?

Are you [were you] satisfied with the training provider? If not, why not?

Supportive Services and Income Support

If the participant received or is receiving supportive services, ask the following questions:

Does [did] the project help pay for any services like mileage reimbursement, childcare, etc.? If so, which ones?

Do you receive your reimbursements in a timely manner?

How far is [was] your commute? [*If mileage reimbursement was received.*] Does the project reimburse you for any travel expenses other than mileage to and from training?

Are you currently working? If so, where and how many hours per week?

Are you currently receiving Unemployment Insurance? If so, do you know when your benefits will expire?

How will you meet your income needs when your Unemployment Insurance benefits run out? [*If enrolled in training lasting longer than 26 weeks.*]

Are you receiving Needs-Related Payments? How much is your payment? [*Ask only if NRPs are offered in the project, and if the file indicates the participant is receiving them.*]

Job Search Assistance

If the participant does not plan to enroll in training, or has completed training, ask the following questions:

Did you receive any services to help with your job search? Could you tell me a little about this? [*Look for information about job search skills, identifying job openings, job development, interviewing skills, resume preparation, job clubs, etc.*]

Were these services helpful? Please explain.

How is your job search going?

General Program Issues

Is there a particular staff person that you usually work with?

What has this been like?

How often do you have contact with him/her?

Have you ever had any problems with the project? [If so] Please tell me more about this. Was the issue resolved? How?

Evaluation and Wrap-Up

Now I am going to ask you about your overall experience with the services you have received so far. I will read three statements and ask you to rate your experience.

13. On a scale of 1 to 10, where 1 means “very dissatisfied” and 10 means “very satisfied,” what is your overall satisfaction with the services provided from the project?
14. Considering all of the expectations you may have had about the services, to what extent have the services met your expectations? 1 now means, “falls short of expectations” and 10 means “exceed your expectations.”
15. Now think of the ideal program for people in your circumstances. How well do you think the services you received compare with the ideal set of services? 1 now means “not very close to the ideal” and 10 now means “very close to the ideal.”

Do you feel there are services you need to be successful in achieving your employment goal, but that you are not currently receiving? If so, what services?

Do you have anything else you would like to share, or any suggestions for improving the project?

Are there any questions you would like to ask me?

PARTICIPANT INTERVIEW GUIDE

NEG Project Name: (Company of Dislocation) **Service Provider:** (Service Provider)

Interview Date: Scheduled for 4/2/10; however, did not keep appointment due to entering Drug & Alcohol Abuse Rehab. Due to the lateness in scheduling appointments, we were not able to substitute another potential interview.

Participant's Name & SSN: (Participant's Name)

Company at layoff: (Company of Dislocation)

Occupation/wage at layoff:

Orientation

How did you learn about this program?

When the program was explained to you, how did they describe the services that are available?

Assessment and Service Planning

What is your employment goal?

How did you select this as your employment goal?

Is there a strong demand for this occupation in this area? How do you know?

How much do you expect to make in this new job? Is this an adequate income to meet your needs?

Did you use any assessments to help you think about areas of interest or special skills you have? Tell me a little about this.

What role did your career counselor play in helping you identify your career goal and develop a plan for getting back to work?

Retraining

If the participant received or is receiving retraining, ask the following questions:

How did you select your training provider?

How is your training going? [Or] What was your training experience like?

Are you [were you] satisfied with the training provider? If not, why not?

Supportive Services and Income Support

If the participant received or is receiving supportive services, ask the following questions:

Does [did] the project help pay for any services like mileage reimbursement, childcare, etc.? If so, which ones?

Do you receive your reimbursements in a timely manner?

How far is [was] your commute? *[If mileage reimbursement was received.]* Does the project reimburse you for any travel expenses other than mileage to and from training?

Are you currently working? If so, where and how many hours per week?

Are you currently receiving Unemployment Insurance? If so, do you know when your benefits will expire?

How will you meet your income needs when your Unemployment Insurance benefits run out? *[If enrolled in training lasting longer than 26 weeks.]*

Are you receiving Needs-Related Payments? How much is your payment? *[Ask only if NRPs are offered in the project, and if the file indicates the participant is receiving them.]*

Job Search Assistance

If the participant does not plan to enroll in training, or has completed training, ask the following questions:

Did you receive any services to help with your job search? Could you tell me a little about this? *[Look for information about job search skills, identifying job openings, job development, interviewing skills, resume preparation, job clubs, etc].*

Were these services helpful? Please explain.

How is your job search going?

General Program Issues

Is there a particular staff person that you usually work with?

What has this been like?

How often do you have contact with him/her?

Have you ever had any problems with the project? [If so] Please tell me more about this. Was the issue resolved? How?

Evaluation and Wrap-Up

Now I am going to ask you about your overall experience with the services you have received so far. I will read three statements and ask you to rate your experience.

16. On a scale of 1 to 10, where 1 means “very dissatisfied” and 10 means “very satisfied,” what is your overall satisfaction with the services provided from the project?
17. Considering all of the expectations you may have had about the services, to what extent have the services met your expectations? 1 now means, “falls short of expectations” and 10 means “exceed your expectations.”
18. Now think of the ideal program for people in your circumstances. How well do you think the services you received compare with the ideal set of services? 1 now means “not very close to the ideal” and 10 now means “very close to the ideal.”

Do you feel there are services you need to be successful in achieving your employment goal, but that you are not currently receiving? If so, what services?

Do you have anything else you would like to share, or any suggestions for improving the project?

Are there any questions you would like to ask me?

PARTICIPANT INTERVIEW GUIDE

NEG Project Name: (Company of Dislocation) **Service Provider:** (Service Provider)

Interview Date: Failed to call or report for scheduled appointment.

Participant's Name & SSN: (Participant's Name)

Company at layoff: (Company of Dislocation)

Occupation/wage at layoff:

Orientation

How did you learn about this program?

When the program was explained to you, how did they describe the services that are available?

Assessment and Service Planning

What is your employment goal?

How did you select this as your employment goal?

Is there a strong demand for this occupation in this area? How do you know?

How much do you expect to make in this new job? Is this an adequate income to meet your needs?

Did you use any assessments to help you think about areas of interest or special skills you have? Tell me a little about this.

What role did your career counselor play in helping you identify your career goal and develop a plan for getting back to work?

Retraining

If the participant received or is receiving retraining, ask the following questions:

How did you select your training provider?

How is your training going? [Or] What was your training experience like?

Are you [were you] satisfied with the training provider? If not, why not?

Supportive Services and Income Support

If the participant received or is receiving supportive services, ask the following questions:

Does [did] the project help pay for any services like mileage reimbursement, childcare, etc.? If so, which ones?

Do you receive your reimbursements in a timely manner?

How far is [was] your commute? [*If mileage reimbursement was received.*] Does the project reimburse you for any travel expenses other than mileage to and from training?

Are you currently working? If so, where and how many hours per week?

Are you currently receiving Unemployment Insurance? If so, do you know when your benefits will expire?

How will you meet your income needs when your Unemployment Insurance benefits run out? [*If enrolled in training lasting longer than 26 weeks.*]

Are you receiving Needs-Related Payments? How much is your payment? *[Ask only if NRPs are offered in the project, and if the file indicates the participant is receiving them.]*

Job Search Assistance

If the participant does not plan to enroll in training, or has completed training, ask the following questions:

Did you receive any services to help with your job search? Could you tell me a little about this? *[Look for information about job search skills, identifying job openings, job development, interviewing skills, resume preparation, job clubs, etc].*

Were these services helpful? Please explain.

How is your job search going?

General Program Issues

Is there a particular staff person that you usually work with?

What has this been like?

How often do you have contact with him/her?

Have you ever had any problems with the project? [If so] Please tell me more about this. Was the issue resolved? How?

Evaluation and Wrap-Up

Now I am going to ask you about your overall experience with the services you have received so far. I will read three statements and ask you to rate your experience.

19. On a scale of 1 to 10, where 1 means “very dissatisfied” and 10 means “very satisfied,” what is your overall satisfaction with the services provided from the project?
20. Considering all of the expectations you may have had about the services, to what extent have the services met your expectations? 1 now means, “falls short of expectations” and 10 means “exceed your expectations.”
21. Now think of the ideal program for people in your circumstances. How well do you think the services you received compare with the ideal set of services? 1 now means “not very close to the ideal” and 10 now means “very close to the ideal.”

Do you feel there are services you need to be successful in achieving your employment goal, but that you are not currently receiving? If so, what services?

Do you have anything else you would like to share, or any suggestions for improving the project?

Are there any questions you would like to ask me?

Transition Committee Meeting

If a worker transition committee or labor-management committee was formed (and is still active), try to schedule time to meet with the committee chair and/or a small group of the members. During the meeting, explore the following: [There was no Transition Committee established for this dislocation.](#)

- The role of the committee in planning (and delivering) transition services. [N/A](#)
- The role of the committee in developing and reviewing the application. [N/A](#)
- The role of the committee in reviewing and supporting ongoing project operations. [N/A](#)
- The chair/committee members' assessment of the project's operation and quality [N/A](#)

Summary Assessments

After the review team finishes its activities, discuss your summary assessment of the project's performance, paying particular attention to the following:

What are the strengths of the project? [The strongest strengths from this project come from the success of the WIA Region in dealing with participants, the ability to hire two very capable individuals from the "target group" to serve as WIA Specialists, and the training they received from the WIA Director. Are there any "best practices" deserving greater recognition? There are several examples of "best practices" in the way that the files are devised and the forms contained within the files that insures that all aspects of eligibility, services...including supportive services, Job Search and Placement, Intensive Services, an IST's are followed. Samples of these forms are contained in Appendix C.](#)

Is the project on track in reaching its enrollment goals? If not, why not? [At this point the project will, in all probability, not reach its enrollment goals. This was explained earlier but probably bear's repeating in that this project was initially supported by a State Emergency Grant \(SEG\) before the NEG was approved. There were 41 additional displaced workers that were enrolled in the SEG, achieved their goal, and were exited before the NEG was approved. These additional 41 participants, had they been able to be included in the NEG, would have put the project much closer to reaching the enrollment goal. As it stands right now, there is a good possibility of having to realign enrollments and funding to meet the lesser number of participants.](#)

If the project is under-enrolled, is there a credible outreach plan for increasing enrollments, or does the implementation schedule need to be revised? [The WIA Specialists for this project, having been part of the original "target group," are continuing to contact former coworkers to encourage their participation in the NEG project. This could result in additional enrollments once their U.I. benefits are close to ending or have ended. In the meantime, it does appear that a realignment of enrollments and funds may be necessary.](#)

Is the program operator exercising an appropriate degree of diligence in managing the grant funds? **Yes.** Are there any inappropriate charges? **No inappropriate charges were found during this State Monitoring.**

Does project management have a sufficiently detailed understanding of current expenditures and future obligations to develop the full funding request, and to manage the ongoing operations of the grant? **Yes – the original grant request was funded in full at the time of the Award. If you check Appendix A and Appendix B you will see that the percentages of expenditures are low...this is due to the lower number of enrollments and that the original plan was to try and obtain OJT's along with JSP and IST; however, given the economy for this geographic area it has not worked out. The overall national economy has also impacted the ability to find other employment.**

Does it appear the full funding request will be significantly different from the estimate contained in the initial funding application? If so, in what budget areas? If the project is already fully funded, is a grant modification necessary? **As indicated above, the grant received the full amount requested at the time of the Award. The state and the subcontractor will continue to monitor the progress of additional enrollments; however, it is very possible that a realignment of funds for a lesser number of enrollments may be necessary.**

If the project is over-enrolled, what will be the impact on the full funding request? Is the project's total funding need likely to be greater than the "up to" amount of the initial award letter? **N/A – the project is not over-enrolled.**

Will the project finish all participant service plans within the approved period of operations? If not, how will this be addressed? **Most participants will finish their programs within the limits of the grant; however, some will not and the state will be asking for a no-cost extension of the project for a 3rd year.**

Does project staff have sufficient skills and qualifications to provide high quality career counseling and job development services? If not, are appropriate steps (training, etc.) being taken to improve their capacity? **This project was extremely fortunate to be able to hire two individuals from the "target group" that were able to be trained quickly and thoroughly on all aspects of WIA and NEG's. The WIA Director is extremely thorough in training and in developing forms that require updating that requires contact with the participant...the flow through the project is enhanced by the use of these forms. Please see Appendix C for examples of the forms utilized.**

Is the grant operating in compliance with the Act, the regulations, and the terms and conditions of the grant agreement? **Yes.** If not, what are the major areas of concern? **N/A.**

Are the assessment and service planning components adequate? **Yes.** If not, how could they be improved? **They meet the requirements of the law; however, this reviewer believes there are still programs out there that could do a better job of measuring transferrable skills.**

Do IEPs appear appropriate to meet the employment and wage recovery needs of the participants? [Yes.](#)

Do participants enrolled in training for new careers appear to have an adequate understanding of relevant issues such as: entry-level training, experience, and skill requirements; labor market demand for their new career; wage and benefit levels; likely working conditions, etc.? [If the files reviewed are an indication of all of the files, then all of the participants have this information available to them for making a decision on careers.](#)

Is the project likely to reach its goals for entered employment rate and earnings replacement rate? [Yes, but it may take longer for some to reach that goal given the state of the economy and the frequency with which employers use “temp services” as a means to “review” potential permanent employees. These situations take from 6 months to a year for employers to determine.](#)

Are changes or enhancements to the program design necessary to improve the quality of services? If so, what changes are needed? [The program is currently doing an excellent job; however, as this reviewer mentioned before, there needs to be a better way of determining transferrable skills.](#)

Do participants appear satisfied with their experience so far? [Yes.](#)

Exit Meeting

At the exit meeting, the review team communicates its principal findings regarding the project’s strengths and weaknesses. If corrective actions are required, it may be useful to discuss the nature of the problem(s), appropriate steps to address it, and a reasonable time line for resolving the issue. Typically, the review team presents its findings to the Executive Director of the organization serving as the project operator.

The Project Manager/Project Coordinator will usually join in, although this may not be appropriate if there is concerns about this individual’s performance that need to be addressed during the meeting. Project staffs generally do not participate. [It is this reviewer’s plan to have all workers involved in the project at the Exit Interview. This Interview will take place once the entire report is completed. Since both the State NEG Monitoring and the WIA Formula Monitoring took place at the same time...and with the change in WIA Formula Monitoring of not having an “Exit Interview” at the time of completion, it was easier to establish a future time when both can be held together. This will most likely occur during the month of April 2010.](#)

Part IV: Post-Review Activities

After completing the on-site review, your final responsibility is to write a report summarizing your principal findings, recommendations, and corrective actions (if applicable). When you complete the first draft, share it with your supervisor for initial comments. Then, share it with your state partner(s) from the review. If their comments or concerns are easily incorporated into your final draft, attempt to do so. If their views about major findings or recommendations are substantially different from your own, and cannot be incorporated into your findings, invite them to formally respond to the final report after it is completed.

There were no “Findings” during the State NEG Monitoring of this grant. The only observation is to continue to do the excellent work that is currently being done.

APPENDIX "A"

Line Item Budget with Expenditures through 03/26/10

APPENDIX “B”

Fundware Report Showing Expenditures per Participant

APPENDIX “C”

Samples of “Best Practices” Utilized in the Project