Non-Individual Training Account (ITA) Review Check List

Customer Name: _____   Last 4 digits SSN: _____

Advisor Name: _____   Date: _____

Sup/Mgr. Check	Description	Response
☐	Is training in a demand cluster?	☐ Yes, which cluster? ☐ **C**onstruction ☐ **H**ealthcare ☐ **A**KA Logistics ☐ **M**anufacturing ☐ **P**rofessional Scientific & Technical Services ☐ No, specify industry:
SYSTEM REVIEW		
☐	Enrolled/Grant	☐ Adult ☐ Dislocated Worker (DW)
☐	102 Activity/End Dates	☐ Yes ☐ No
☐	203 Activity/End Dates	☐ Yes ☐ No ☐ N/A
☐	205 Activity/End Dates	☐ Yes ☐ No
☐	328 Activity/End Dates (EWIE attached)	☐ Yes ☐ No Dates to be updated.
☐	TAA – 312 Activity/End Dates	☐ Yes ☐ No ☐ N/A
☐	GED/HSD	☐ Yes ☐ No
☐	CASAS results (TABE)	☐ Yes ☐ No ☐ N/A If already attending, this is not necessary.
☐	Has the customer received prior training?	☐ Yes ☐ No
☐	Quality Resume	☐ Yes ☐ No
SCANNED DOCUMENTS		
☐	Documents legibly scanned per *Scan Guide*	☐ Yes ☐ No
CASE NOTES		
☐	Enrollment	☐ Yes ☐ No
☐	DW explanation	☐ Yes ☐ No ☐ N/A
☐	TAA Eligible	☐ Yes ☐ No ☐ N/A
☐	Initial Assessment	☐ Yes ☐ No
☐	Individual Employment Plan (IEP)	☐ Yes ☐ No
☐	Assessment results or degree	☐ Yes ☐ No ☐ N/A
☐	Activity Codes entered	☐ Yes ☐ No
☐	Training justification	☐ Yes ☐ No
☐	Has the customer received prior training?	☐ Yes ☐ No If yes, case note entered to support this training.
☐	Contacted Transitional Assistance Department (TAD) to discuss customer's eligibility for participation in WIOA.	☐ Yes ☐ No ☐ N/A
☐	Title of the training program	☐ Yes ☐ No
☐	Name of the school	☐ Yes ☐ No
☐	Length of program and dates of attendance	☐ Yes ☐ No

Non-Individual Training Account (ITA) Review Check List, Continued

Sup/Mgr. Check	Description	Response
	SECTIONS	
	Section 1:	
☐	Training Enrollment Verification (TEV)	☐ Yes ☐ No ☐ N/A
	Section 3:	
☐	Initial Assessment	☐ Yes ☐ No
☐	IEP	☐ Yes ☐ No
☐	Training Guidance Packet & Labor Market Information (LMI)	☐ Yes ☐ No
	Section 4:	
☐	Self-sufficiency worksheet and calculator	☐ Yes ☐ No ☐ N/A - DW or Priority of Service
☐	Proof of program requirements	☐ Yes ☐ No If yes, what proof is on file? ☐ Educational Plan ☐ School contract ☐ School website printout listing requirements ☐ Course Syllabus ☐ Other:
☐	ETPL or Course Description	☐ Yes ☐ No
☐	Proof of registration for classes	☐ Yes ☐ No
☐	Proof of filing FAFSA	☐ Yes ☐ No ☐ N/A
	Section 6:	
☐	Client Release Form	☐ Yes ☐ No

Supervisor/Manager response to the following question:

Sup/Mgr. Check	Description	Response
☐	Is there a case note referencing the Non-ITA approval?	☐ Yes ☐ No

Sup./Mgr. Name: _____   Date: _____
         (Print Name)

Sup./Mgr. Signature: _____