**WIOA Adult and Dislocated Worker Program**

**On-the-Job-Training (OJT) Skill Gap Analysis (SGA)**

|  |  |
| --- | --- |
| Employer: |       |
| Address:  |       |
| City: |       | State: |       | Zip: |       |
| Occupation: |       | Job Zone: |       |

|  |  |
| --- | --- |
| OJT Participant Name: |       |

**Directions:** Complete the table below with the following information:

1. Enter the specific required skills identified for the training plan.
2. Assess and check the appropriate skill level.
3. Attach the following required source documentation to the Skills Gap Analysis for training plan support:
	1. A current resume;
	2. Print out of the O\*NET occupation summary; to include the job zone.

|  |  |
| --- | --- |
| **Required Skills** | **Skills Level** |
|  | **[ ]  Beginning****[ ]  Intermediate****[ ]  Skilled** |
|  | **[ ]  Beginning****[ ]  Intermediate****[ ]  Skilled** |
|  | **[ ]  Beginning****[ ]  Intermediate****[ ]  Skilled** |
|  | **[ ]  Beginning****[ ]  Intermediate****[ ]  Skilled** |
|  | **[ ]  Beginning****[ ]  Intermediate****[ ]  Skilled** |
|  | **[ ]  Beginning****[ ]  Intermediate****[ ]  Skilled** |
|  | **[ ]  Beginning****[ ]  Intermediate****[ ]  Skilled** |
|  | **[ ]  Beginning****[ ]  Intermediate****[ ]  Skilled** |