

Workforce Connections

Data Entry and File Review Monitoring Tool - Youth

Sub Recipient: _____	Case Manager: _____
Desk Review: _____	Reviewer: _____
Onsite Review: _____	Reviewer: _____

Program Participant Name: _____	User ID: _____
Status at Enrollment: <input type="checkbox"/> In-school <input type="checkbox"/> Out-of-school	
Is this record approved for the 5% exception for income: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this record approved for the 5% limitation: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Eligibility			
Element	MIS Review	File Review & Source	Data Validation and Uploaded in MIS
Date of Birth	/ /	Source: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number	- -	Source: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Authorization to Work		Source: _____	
SNWDA Residency		Source: _____	
Education Level		Source: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
School Status		Source: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Status		Source: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Selective Service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt	Source: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eligible Veteran Status Date of service:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Source: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Disability Status	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		Source:	
Low Income/Public Assistance Status	<input type="checkbox"/> Yes <input type="checkbox"/> No Type: <input type="checkbox"/> Public Assistance <input type="checkbox"/> 70% LLSIL <input type="checkbox"/> Homeless <input type="checkbox"/> Foster/Former Foster		<input type="checkbox"/> Yes <input type="checkbox"/> No
		Source:	
Family Size			<input type="checkbox"/> Yes <input type="checkbox"/> No
		Source:	
Basic Skills Deficient (BSD) /English Language Learner	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		Source:	
Compulsory Attendance	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
School Dropout	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		Source:	
Homeless/Runaway/Foster Youth	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		Source:	
Ex-Offender	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		Source:	
Pregnant/Parenting	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		Source:	
Youth Requires Additional Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		Source:	

Additional Eligibility Requirements	
Form	Present and Properly Signed and Dated
WIOA Youth Application	<input type="checkbox"/> Yes <input type="checkbox"/> No
Equal Opportunity is the Law	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nepotism	<input type="checkbox"/> Yes <input type="checkbox"/> No
Participant Rights and Responsibilities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Release of Information	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income Worksheet	<input type="checkbox"/> Yes <input type="checkbox"/> No

Services				
Element	MIS Review	File Review & Source	Data Validation and Uploaded in MIS	
Date of 1 st Service/Enrollment	/ / Enrolling Service:	Source:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Youth Elements Provided : (Print Service List) <input type="checkbox"/> Tutoring, study skills training, and instruction leading to completion of secondary school, including dropout prevention <input type="checkbox"/> Comprehensive guidance and counseling, including drug & alcohol abuse counseling and referral <input type="checkbox"/> Paid and unpaid work experiences, including internships, job shadowing <input type="checkbox"/> Adult mentoring <input type="checkbox"/> Occupational skill training <input type="checkbox"/> Leadership development opportunities <input type="checkbox"/> Alternative secondary school services <input type="checkbox"/> Financial Literacy <input type="checkbox"/> Entrepreneurial Skills Training <input type="checkbox"/> LMI, Career Counseling, Career Exploration <input type="checkbox"/> Education offered w/ preparation and training <input type="checkbox"/> Transition Activities that prepare for Training and Post-secondary Education <input type="checkbox"/> Supportive Services <input type="checkbox"/> Follow-up services		Source:		
				Source:
				Source:
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				Source:
				Source:
Service Requirements		Are services being offered every 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No Are needed services being offered to the participant? <input type="checkbox"/> Yes <input type="checkbox"/> No Are all services documented in the file? <input type="checkbox"/> Yes <input type="checkbox"/> No Are vouchers entered correctly in the MIS? <input type="checkbox"/> Yes <input type="checkbox"/> No Are payments entered correctly in the MIS? <input type="checkbox"/> Yes <input type="checkbox"/> No Are all documents properly uploaded in the MIS? <input type="checkbox"/> Yes <input type="checkbox"/> No		

		Are services closed with timely and appropriate end dates? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Occupational Skills Training	Start Date: End Date: Expired Planned End Date? <input type="checkbox"/> Yes <input type="checkbox"/> No Actual Cost:	ETPL: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		ITA: <input type="checkbox"/> Yes <input type="checkbox"/> No				
		Progress & Attendance: <input type="checkbox"/> Yes <input type="checkbox"/> No				
		Payments: <input type="checkbox"/> Yes <input type="checkbox"/> No				
On-the-Job Training	Start Date: End Date: Expired Planned End Date? <input type="checkbox"/> Yes <input type="checkbox"/> No Actual Cost:	Pre-Award: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		SGA/Training Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No				
		Offer/Job Description: <input type="checkbox"/> Yes <input type="checkbox"/> No				
		OJT: <input type="checkbox"/> Yes <input type="checkbox"/> No				
		Payments: <input type="checkbox"/> Yes <input type="checkbox"/> No				
		Worksite Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Work Experience	Start Date: End Date: Expired Planned End Date? <input type="checkbox"/> Yes <input type="checkbox"/> No Actual Cost:	Training Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		Job Description: <input type="checkbox"/> Yes <input type="checkbox"/> No				
		Time Cards: <input type="checkbox"/> Yes <input type="checkbox"/> No				
		Payments: <input type="checkbox"/> Yes <input type="checkbox"/> No				
		Progress Report: <input type="checkbox"/> Yes <input type="checkbox"/> No				
		In file? <input type="checkbox"/> Yes <input type="checkbox"/> No				
		Case Notes		Minimum Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Document Services? <input type="checkbox"/> Yes <input type="checkbox"/> No Justify Activities? <input type="checkbox"/> Yes <input type="checkbox"/> No Community Resources Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No Entered Timely? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<p>Basic Skills Deficiency/ English Language Learner (ELL)</p> <p>Pre-Test Scores Date: / / Test Name: _____</p> <p>Math: _____ EFL: _____ Reading: _____ EFL: _____ Writing: _____ EFL: _____</p> <p>Pre-test results uploaded and entered in MIS? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Post-Test Scores Date: / /</p> <p>Math: _____ EFL: _____ Reading: _____ EFL: _____ Writing: _____ EFL: _____</p> <p>Obtained an EFL gain in the corresponding program year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Post-test results entered and uploaded in MIS? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Outcomes			
Element	MIS Review	File Review & Source	Data Validation and Uploaded in MIS
Placement in Employment or Education	Closure: <input type="checkbox"/> Yes <input type="checkbox"/> No Work History: <input type="checkbox"/> Yes <input type="checkbox"/> No	Source:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Training Related Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Blank	Source:	
Credential	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Type: Date Rec'd: / /	Source:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Measurable Skills Gain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> EFL Gain Rec'd	Source:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Exit	/ / Exit Reason:	Source:	<input type="checkbox"/> Yes <input type="checkbox"/> No
School Status at Exit <input type="checkbox"/> Mark if left blank		Source:	<input type="checkbox"/> Yes <input type="checkbox"/> No
School Status in qtr. after exit. <input type="checkbox"/> Mark if left blank		Source:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employed or in Post-secondary Education in 1 st Quarter After Exit	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Mark if Left Blank	Source:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employed or in Post-secondary Education in 2 nd Quarter After Exit	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Mark if Left Blank	Source:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employed or in Post-secondary Education in 3 rd Quarter After Exit	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Mark if Left Blank	Source	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employed or in Post-secondary Education in 4 th Quarter After Exit	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Mark if Left Blank		<input type="checkbox"/> Yes <input type="checkbox"/> No
		Source:	
Exclusion Taken	Exclusion: Date Taken:		<input type="checkbox"/> Yes <input type="checkbox"/> No
		Source:	

Additional File Requirements	
Requirements	File Review
File Organization	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Notes:
