Individual Training Account (ITA)
Review Checklist

Customer Name: _____   Last 4 digits SSN: _____

WDS Name: _____   Date: _____

Sup/Mgr. Check	Description	WDS Response			

	Is training in a demand cluster?	Yes, which cluster?
		   Government
		   Ore Mining
		   Construction
		   Healthcare
		   AKA Logistics
		   Manufacturing
		   Professional Scientific & Technical
		No, specify industry: _____			

	ITA DocuSign completed	Yes	No		
SYSTEM REVIEW					
	Enrolled/Grant	Adult	DW	P2E	Other _____
	102 Initial Assessment Activity/End Dates	Yes	No		
	203 Objective Assessment Activity/End Dates	Yes	No	N/A	
	205 IEP Activity/End Dates	Yes	No		
	GED/HSD, if required	Yes	No		
	CASAS results (TABE/Spanish)	Yes	No	N/A	
	Has the customer received prior training?	Yes	No		
	Quality Resume	Yes	No		
CASE NOTES					
	Enrollment	Yes	No		
	DW Explanation	Yes	No	N/A	
	TAA Eligible	Yes	No	N/A	
	102 Initial Assessment	Yes	No		
	203 Objective Assessment Results or Degree	Yes	No	N/A	
	205 Individual Employment Plan (IEP)	Yes	No		
	Self Sufficiency Worksheet	Yes	No		
	Training Customer Commitment Form	Yes	No		
	Training Justification	Yes	No		
	Has the customer received prior training? If yes, was case note entered?	Yes Yes	No No		
	Did customer contact Transitional Assistance Department (TAD) to discuss participation in training and provision of supportive services.	Yes	No	N/A	

Individual Training Account (ITA) Review Checklist

Sup/Mgr. Check	Description	Response		
	SCANNED DOCUMENTS (Documents legibly scanned per Scan Guide)			
	Right to Work Docs	Yes	No	P2E
	Selective Service	Yes	NA	P2E
	ADD Docs	Yes	No	
	Initial Assessment	Yes	No	
	Training Exploration Packet	Yes	No	
	Eligibility Documentation (POS or DW)	Yes	No	
	Self-sufficiency Worksheet, Calculator and LMI printout	Yes	No	
	Training Customer Commitment Form	Yes	No	
	ETPL	Yes	No	
	Client Release Form	Yes	No	
	Training Enrollment Verification Form	Yes	No	NA

Supervisor/Manager response to the following question:

Sup/Mgr. Check	Description	Response	
	Is there a case note referencing the ITA approval/ denial?	Yes	No
Additional Comments			

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

Sup./Mgr. Signature: _____