

Non-Individual Training Account (ITA) Review Checklist

Customer Name:	Last 4 digits SSN:
Advisor Name:	Date:

Sup/Mgr. Check	Description		Response		
	Is training in a demand cluster?	Yes, which cluster?			
		Go	G overnment/Education		
			e Mining		
			nstruction		
			althcare		
		AKA Logistics			
			nufacturing		
		Professional Scientific & Technical Services			
		No, specify industry:			
	SYSTEM F	REVIEW			
	Enrolled/Grant	Adult	Disloca	ted 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	Yes	No		
	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		
	CASE N	OTES			
	Enrollment	Yes	No		
	DW explanation	Yes	No	N/A	
	TAA Eligible	Yes	No	N/A	
	102 Initial Assessment	Yes	No		
	205 Individual Employment Plan (IEP)	Yes	No		
	203 Assessment results or degree	Yes	No	N/A	
	Training justification	Yes	No		
	Has the customer received prior training?	Yes	No		
	If yes, was case note entered?	Yes	No		
	Contacted Transitional Assistance	Yes	No	N/A	
	Department (TAD) to discuss customer's				
	eligibility for participation in WIOA.				
	Self Sufficiency Worksheet	Yes	No		



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	CASE NOTES Continued			
	Title of the training program	Yes	No	
	Name of the school	Yes	No	N/A
	Length of program and dates of attendance	Yes	No	N/A
	SCANNED DOCI	JMENTS		
	Right to Work Documents	Yes	No	P2E
	Training Enrollment Verification (TEV)	Yes	No	N/A
	ADD Documents	Yes	No	
	Initial Assessment	Yes	No	
	Training Exploration Packet	Yes	No	
	Selective Service	Yes	NA	P2E
	Self-sufficiency worksheet, calculator and LMI printout	Yes	No	
	Proof of program requirements	Yes	No	If yes, what proof is on file?
		Educational Plan		
		School contract School website printout listing requirements		
			urse Syl	
		Other:		
	ETPL or Course Description	Yes	No	
	Proof of registration for classes	Yes	No	
	Proof of filing FAFSA	Yes	No	N/A
	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:(Print Name)	Date:
Sup./Mgr. Signature:	