

Pinal County Workforce Development Board
WIOA Title I-B Adult and Dislocated Worker Training Services Justification Checklist

Participant Name:	Part ID:	Date:
<p>Instructions: This form must be completed for all individuals who receive training services through the WIOA Title I-B Adult or Dislocated Worker Programs, and it must be signed by both the career planner, and the service provider's designated Training Services Approver. Detailed case notes in the Arizona Job Connection (AJC) System must also document the justification for training services. The completed form must be uploaded into the AJC system.</p>		
	Yes	No
WIOA Title I-B Adult and Dislocated Worker (DW) Program Eligibility		
Is the participant registered in the AJC System?		
Is the participant enrolled in the WIOA Title I-B Adult or DW Programs?		
Has an eligibility determination been completed for the WIOA Title I-B Adult or DW Program?		
Has documentation for all eligibility criteria and income been uploaded into the AJC System?		
Is the participant unemployed?		
Does the participant meet the PCWDB definition of "underemployed"?		
Priority of Service (Veterans and Adult Program Only)		
Is the participant a veteran or eligible spouse?		
Is the participant Basic Skill Deficient?		
Is the participant low Income?		
Required Career Services		
Did the participant complete the Comprehensive Assessment?		
Did the Comprehensive Assessment identify skill gaps?		
Is a summation of the interview and career planning included in case notes in the AJC System?		
Has an Individual Employment Plan (IEP) been developed with the participant?		
Is the IEP current with all planned services?		
Training Services Eligibility		
Is the participant unlikely or unable to obtain or retain employment that leads to economic self-sufficiency or wages comparable to, or higher than, wages from previous employment?(Case notes in the AJC System must provide a summation of how and why this determination was made.)		
Is the participant in need of training services to obtain or retain employment leading to economic self-sufficiency or wages comparable to or higher than wages from previous employment?(Case notes in the AJC		

System must provide a summation of how and why this determination was made.)		
Did the Comprehensive Assessment indicate that the participant has the skills needed to successfully complete the training?		
Was labor market information reviewed with the participant to determine if the selected training program is directly linked to the in-demand employment opportunities in Pinal County or in another local area to which the individuals are willing to commute or relocate?		
Has career pathways that include the selected occupation been discussed with the participant?		
Has the selected training program's prerequisites been discussed with the participant?		
Will the selected training program prepare the participant to work in in-demand industry sector occupations identified in the local plan?		
Was the entry-level wage for the related occupation compared to the cost of the training discussed with the participant during the consultation?		
Was performance information and program cost information for similar training programs compared during the consultation with the participant?		
Was the participant unable to obtain grant assistance from other sources to pay the costs of such training, including such sources as State-funded training funds, Trade Adjustment Assistance (TAA), and Federal Pell Grants established under title IV of the Higher Education Act of 1965, or require WIOA Title I-B assistance in addition to other sources of grant assistance, including Federal Pell Grants?		
Was the requirement for MSG and industry-recognized credential documentation discussed with the participant?		

Training Services Approved Yes_____ No_____

Career Planner Signature

Date:_____

Training Services Approver Signature

Date:_____