Name: ____________________  Date: _________________

**Basic Career Services**  
(self-help or minimal staff assistance)

- Orientation to one-stop services  
- Job Search and placement assistance  
- Labor Market information  
- Filing for unemployment compensation  
- Initial Assessment of skill level, aptitudes, abilities, and supportive service needs.  
- Assistance in establishing eligibility for programs of financial aid assistance for training and education programs not funded under WIOA  
- Availability of supportive service

**Basic Career Services to Individualized Career Services**  
Date: _________________

- Initial Assessment indicating individualized services are necessary

**TITLE IB ADULT ELIGIBILITY:**
- Eligibility determination - application form  
  - U.S. Citizen, Registered Alien  
  - 18 years of age or older  
  - Meet selective service requirements  
- Received basic career services

**PRIORITY FOR SERVICES**
- Recipient of public assistance or other low-income individual  
- Basic Skills Deficient  
  - TABE test results (within last 6 months) OR  
  - Actively participating in Adult Basic Education and Learning Program

**TITLE IB DISLOCATED WORKER ELIGIBILITY:**
- Eligibility determination – application form  
- U.S. Citizen or Registered Alien  
- Received basic career services (e.g. Rapid Response activities)

**PRIORITY FOR SERVICES**
- Plant/business closures or significant dislocation events  
- Long term unemployed

07/01/15
Individualized Career Services to Justify Training Services

Date: __________

____ IEP indicating that training is necessary to lead to self-sufficiency

Initial & Comprehensive Assessment

Work History: ________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Family Situation (support): ___________________________________________________
____________________________________________________________________________

Education: __________________________________________________________________
____________________________________________________________________________

Occupational Skills: __________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Interests: __________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Attitudes toward work: _______________________________________________________
____________________________________________________________________________

Motivation: __________________________________________________________________
____________________________________________________________________________

Financial Resources and needs: ______________________________________________
____________________________________________________________________________

Supportive Service Needs: ____________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Basic Skills Assessment: __ TABE (required if no acceptable alternative)
Acceptable Alternatives:
__ GED received in the last year
__ Degree or certificate from college, university or technical school
__ Collateral contacts with school/college which include the name and results of the assessment
__ Copy of post-secondary grades sufficient to demonstrate the participant’s basic skill proficiency
__ COMPASS (College Placement Tests) taken within the last year and using the latest version of the test (updated in 2010)

Career Planning/Exploration:
__ MCIS (required) Date: __________

Optional Assessments:
__ COPS/ CAPS/COPES Date: __________
__ Other ___________________ Date: __________
Orientation

- Program Introduction (purpose and goals)
- Rules and regulations of program
- WIOA service provider responsibilities
- Participant responsibilities
- Program resources and supportive service available
- Job related injury procedures
- Wage and pay information
- Equal Opportunity is the Law

Referrals to Other Service Providers

- ________________________________
- ________________________________
- ________________________________
- ________________________________
- ________________________________
- ________________________________
- ________________________________

Labor Market Information

- National Job Trends (supply and demand)
- Local Job Opportunities
- Education and skill requirements for jobs
- Job seeking skills (writing resumes, job interview techniques, etc.)
- Other ________________________________
- Other ________________________________