

## WIOA Title I Suitability Assessment Checklist

Participant Name: \_\_\_\_\_

Program:      Adult            Dislocated Worker      Youth

Staff: \_\_\_\_\_

Date: \_\_\_\_\_

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### 1. Suitability for Individualized Career Services

#### Employment & Training Need (WIOA sec. 134(c)(3)(A))

- Unable/unlikely to obtain or retain self-sufficient employment through basic career services alone
  - Needs training to obtain/retain self-sufficient employment
  - Has skills/qualifications to participate successfully in services
  - Selected career/training linked to local/regional demand occupation
  - Willing to commute if required
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### 2. Participation & History

*(Assess and note evidence where applicable)*

- Participation history reviewed, no prior participation periods
- One or more participation periods
- Last participation period did not lead to employment
- Prior IEP/ISS indicates unmet objectives (if applicable)
- History of demonstrated progress or attempts at completing goals
- Fraud or misrepresentation identified
- Requires supports beyond reasonable WIOA resources to participate
- Requires services outside WIOA scope/timeline
- Schedule availability is compatible with services
- Supportive service needs identified
- Clear career goals and aspirations
- Documented willingness to follow recommendations
- Demonstrates willingness to actively participate in career services or training activities
- Engages constructively with staff and program processes to achieve career goals
- Follows program guidance, recommendations, and instructions in a timely manner
- Commitment to attend programming and follow-through with scheduled appointments, assessments, and career services
- Likely to complete objectives and obtain employment

- Participant better served by another agency

**Rationale / Staff Notes (objective examples only):**

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**3. Training Services Suitability Factors**

*(Assess and note evidence where applicable)*

**Eligibility & Skills**

- Meets training eligibility as indicated in applicable policy
- Training able to be funded through WIOA
- Able to commit to training and does not require immediate employment
- Able to commit to training and there are no substantial barriers which cannot be resolved through supportive services (includes assessment of ability to participate and complete training)
- Current skill level supports ability to participate in training
- Aptitude and interest align with chosen training/career field
- Not already qualified (based on transferable skills) for in-demand occupation employment which provides self-sufficiency wages
- No barrier or legal restriction which would prevent licensure or work in training occupation
- Supportive service needs identified & can realistically complete training with allowable support

**Credential & Prior Training Assessment**

- Lacks postsecondary credential or occupational training leading to self-sufficient employment
- Existing credential/training does not lead to self-sufficient employment in local labor market
- Credential/training outdated, obsolete, or insufficient for employment in field
- Documented inability to obtain employment in trained field despite reasonable effort
- Additional training required for career pathway advancement
- Prior WIOA-funded training:
  - No prior training received
  - Last training  $\geq 5$  years ago
  - Last training  $< 5$  years  $\rightarrow$  no compelling need
  - Last training  $< 5$  years  $\rightarrow$  documented exception (unable to obtain employment using WIOA-funded credential with documented efforts, credential no longer sufficient, career pathway, or other compelling circumstance)
- Prior WIOA-funded training was successful  $\rightarrow$  if no, staff must justify continued training suitability (refer to just cause section of training policies)

**Note:** All credentials are considered, **regardless of whether they were WIOA-funded.**

**Rationale / Staff Notes:**

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**Individualized Career Services:**

- Suitable
- Not suitable
- Deferred pending barrier resolution

**Training Services:**

- Suitable
- Not suitable
- Deferred pending barrier resolution

**Rationale (required):**

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**Participant Acknowledgment:**

I understand the WIOA services discussed and my responsibilities for participation.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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