

MONITORING ADULT FILE CHECKLIST

Student Name: _____	Last four Digits of Social Security Number: _____
Name of Training Provider: _____	Location: _____
ITA Dates: _____ to _____	Program: _____
Monitor(s) _____	Date: _____

ITEM		COMMENTS
Application complete	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Complete Eligibility Verification	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Labor Market Research Verification	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Signed IEP	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Funding Request	<input type="checkbox"/> YES <input type="checkbox"/> NO	
FAFSA Application Verification	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Region 2 Scholarship Form signed by CM, Participant and Training Provider	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Enrollment Form	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Completion/Separation Form	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Grades/ Attendance	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Work Keys Scores	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Training Certificate	<input type="checkbox"/> YES <input type="checkbox"/> NO	
MACC Services (Services begin and end date matches with verification in file)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Outcomes entered in MACC	<input type="checkbox"/> YES <input type="checkbox"/> NO	
IEP service completed when other WIA services are completed	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Contact form completed (file should also contain case notes with date form was sent to Supportive Services/Follow Up Unit)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
File in accordance with General File Layout	<input type="checkbox"/> YES <input type="checkbox"/> NO	
MISCELLANEOUS Specify:	<input type="checkbox"/> YES <input type="checkbox"/> NO	