

# Chicago Cook Workforce Partners

## WIOA Training Worksheet

**Staff Name:** \_\_\_\_\_ **Agency Name** \_\_\_\_\_ **Region Number:** \_\_\_\_\_

Eligibility	Date Completed	Initials (certify that I have completed session in its entirety)
Watch DCEO Eligibility Webinar (Adult) (1A) (Link 1 & Link 2)		
Watch DCEO Eligibility Webinar (Dislocated) (1D)		
Watch DCEO Eligibility Webinar (Youth) (1Y)		
Read & Review Eligibility Checklists		
Watch Income Calculation Webinar		
Read & Review Remote-Eligibility WIOA Staff Resources		

**Supervisor Signature:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_

\*By signing this form, you acknowledge that all tasks have been completed **Eligibility**.

Basic Skills Assessment	Date Completed	Initials (certify that I have completed session in its entirety)
Read & Review Adult /Dislocated Worker Procedure		
Read & Review Youth Procedure		

**Supervisor Signature:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_

\*By signing this form, you acknowledge that all tasks have been completed for **Basic Skills Assessment**.



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Career Coaching: Customer Flow	Date Completed	Initials (certify that I have completed session in its entirety)
Watch Career Coaching Overview Session 1 Webinar		
Read & Review OAS Procedure		
Watch Customer Flow Session 2 OAS Webinar		
Read & Review Career Exploration		
Watch Customer Flow Session 3 Career Exploration Webinar		
Read & Review IEP/ISS Procedure		
Watch Customer Flow Session 4 IEP/ISS/SIW Webinar		
Read & Review SIW Worksheet (if applicable)		
Read & Review Case Note Guide Procedure		
Watch Customer Flow Session 5 Case Note Guide Webinar		
Read & Review Services and Definitions Procedure		
Watch Services and Definition Webinar		
Read & Review Supportive Service Procedure		

**Supervisor Signature:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_

\*By signing this form, you acknowledge that all tasks have been completed for **Career Coaching Customer Flow**.



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## WIOA Training

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Individual Training Account	Date Completed	Initials (certify that I have completed session in its entirety)
Read & Review Procedure		
Watch ITA Process Webinar		
Watch Training Voucher Webinar		

**Supervisor Signature:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_

\*By signing this form, you acknowledge that all tasks have been completed for **Individual Training Account**.

Measurable Skills Gain	Date Completed	Initials (certify that I have completed session in its entirety)
Read & Review Illinois Worknet Presentation		

**Supervisor Signature:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_

\*By signing this form, you acknowledge that all tasks have been completed for **Measurable Skills Gain**.

Credential	Date Completed	Initials (certify that I have completed session in its entirety)
Read & Review Procedure		

**Supervisor Signature:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_

\*By signing this form, you acknowledge that all tasks have been completed for **Credential**.

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## WIOA Training Worksheet

Employment Procedure	Date Completed	Initials (certify that I have completed session in its entirety)
Read & Review Procedure		

**Supervisor Signature:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_

\*By signing this form, you acknowledge that all tasks have been completed for **Employment**.

Closures / Exits	Date Completed	Initials (certify that I have completed session in its entirety)
Read & Review Procedure		

**Supervisor Signature:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_

\*By signing this form, you acknowledge that all tasks have been completed for **Closures/Exits**.

Quarterly Follow-up	Date Completed	Initials (certify that I have completed session in its entirety)
Read & Review Procedure		
Watch Quarterly Follow-up Webinar		

**Supervisor Signature:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_

\*By signing this form, you acknowledge that all tasks have been completed for **Quarterly Follow-up**.

Reports	Date Completed	Initials (certify that I have completed session in its entirety)
Read & Review Procedure		
Watch Report Webinar		

**Supervisor Signature:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_

\*By signing this form, you acknowledge that all tasks have been completed for **Reports**.

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## Congratulation on Completing Training



**Please submit a signed copy to your  
Program Coordinator**