

Iowa NEG Core Monitoring Guide

(Date of Review)

Iowa Workforce Development

Contractor:

Contract Number:

Project Name:

Period of Operation:

Review Dates:

Follow Up Dates:

CORE MONITORING GUIDE

PREFACE

The development of the Core Monitoring Guide is an important part of the Employment and Training Administration's (ETA's) overall strategy to improve grant administration, specifically on-site monitoring of grantees. Improving grant administration is a crucial element of the Department of Labor and ETA's management improvement plans supporting the President's Management Agenda. ETA's successful achievement of its Mission, Vision and Guiding Principles is premised on the delivery of high quality, outcome-focused job seeker and business services through effective financial agreements with the state and local workforce system organizations.

ETA has articulated a clear vision of the workforce development system that is demand-driven and fully integrated, and links employers to job seekers in order to promote the success of American workers and businesses. This Core Monitoring Guide ensures that our oversight and monitoring practices reinforce these principles while ensuring program outcomes are achieved and a high level of integrity is maintained.

This guide provides a consistent framework and starting point for all on-site grant-monitoring responsibilities by ETA. ETA has been moving forward in a coordinated effort to improve the consistency of oversight while relying on and providing opportunities for Federal Project Officers (FPOs) to bring their professional judgments and experience to the process. This effort began with the issuance of Employment and Training Order 01-03 in April 2003, and continued with the development of the Grants E-Management System, increased commitment to FPO training, and, now, this Core Monitoring Guide.

The Core Monitoring Guide has been developed based on the premise that there are essential core functions that must be in place in order for any grantee to operate an ETA grant within the boundaries of acceptable practices that are established primarily by law, regulation, and/or government-wide rule. In addition, ETA plans to develop program-specific guides, which will complement the Core Monitoring Guide and add program specific review objectives and indicators. Combined, these guides will become an integral part of an FPO "tool kit." However, for those ETA grants (e.g., earmarks, pilots and demos, etc.) where there may be no program specific guide, the Core Monitoring Guide would remain the primary tool for review.

Since this guide is *generic*, it is limited to an examination of basic core activities that are found in all ETA grants and is intended to provide an examination of the readiness and capacity of the grantee to operate the grant. The generic quality of the guide also means that the legislative authority for compliance requirements is limited to those requirements that apply to all ETA grants. These are typically found in Office of Management and Budget circulars and the terms and conditions specific to each grant, but the guide also includes expectations for services or operations that are generally accepted practice across ETA.

This guide is the outcome of many different individuals and offices within ETA working together to produce the best possible product to meet a diverse set of needs. The guide is intended to be continually reviewed and updated based on experience, practice, and changing requirements.

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Part I. Introduction

Regional Office Customer Service Goal

Our goal is for grantees to see the review as a cooperative effort to assess the project's progress fairly and objectively, and to jointly identify strategies for overcoming any challenges to its successful operation.

Regular NEG Purpose

To provide resources to respond to large worker dislocations.

Regular NEG Review Objectives (USDOL ETA)

1. Evaluate the efficacy of the actions taken by the grantee to utilize the resources made available under the grant to respond to immediate needs caused by the dislocation or disaster;
2. Evaluate the likelihood that the project will achieve the enrollment targets, expenditure levels and performance outcomes specified in the grant award; and an independent analysis of the timeframe require to complete the grant-related work;
3. Identify any policies, procedures or actions that conflict with the Act, the regulations, the grant agreement, NEG policies, or other applicable requirements, or that could place the grantee at risk of disallowed costs;
4. Develop an analysis of projected increments of funding that will be needed to complete the project up to the maximum amount approved, including whether it appears the maximum amount approved will be required based upon the project progress to date; and
5. Develop a plan for meeting technical assistance needs and/or implementing appropriate corrective actions.

Project Review Objectives (Region 5)

In conducting the review, we have three principal objectives:

1. Evaluate the likelihood that the project will achieve the enrollment, performance outcomes, and expenditure objectives specified in the grant award.
2. Identify any policies, procedures, or actions that conflict with provisions of the Act, regulations, or grant agreement, and that place the grantee at risk of disallowed costs.
3. Develop a plan for meeting technical assistance needs and/or implementing appropriate corrective actions.

Key Assumptions

The organization and structure of this review guide are based on certain assumptions. In the interests of clarity, some of them are listed here:

1. The DOL direct grantee is typically the state's workforce development agency, and this entity subcontracts with the local One-Stop service delivery system to provide services.
2. Reviews are jointly conducted with staff from the state's workforce development agency.
3. Reviews occur at approximately 90 to 120 days after the grant award date.
4. There are two equally important audiences for the regional office's report – the ETA national office (Division of National Emergency Grants and Division of Federal Assistance Services) and the state/local grantee. For the national office, the primary purpose of the report is to serve as an early warning on key issues affecting future funding or grant compliance. For the State/local grantee, the primary purpose is to offer recommendations in overcoming implementation obstacles.
5. Since most NEG applications will be submitted on an "initial funding" basis, at the time of review many projects will still be developing the request for full funding. The review will therefore play a key role in validating the assumptions underlying the full funding request.

Part II: Prior to the On-Site Visit

Document Review Prior to On-Site Visit

The first step before conducting the on-site visit is a "desk review" of the documents contained in your grant file. These documents include:

- Grant Application
- Official Correspondence – award letter, supplemental information provided by the grantee, approved modifications, pending modification requests, etc.
 - Quarterly Reports – financial and program reports. As you review these documents, it is important to identify key issues for further exploration during the site visit. Ask yourself questions such as:
- Are total enrollments and training enrollments occurring as planned, or are they significantly higher or lower than anticipated?
- Do the financial reports show expenditures that are significantly higher or lower than anticipated? If so, how do these correlate with the level of enrollments? You should be particularly alert when enrollments are low, but expenditures are high.
- Are administrative costs approximately on-track with the percentage approved by the Grant Officer?
- Does the project design vary significantly from that of the established "formula" program? If so, are there any special policies that may be a source of concern?
- Are there outstanding issues in the negotiation of the grant agreement? That is, is the Grant Officer awaiting additional information from the state grantee? Is the state awaiting any

approval from the Grant Officer? If so, does this have any implications for the current operation and management of the project?

Scheduling the Review

In scheduling the review, your first point of contact is likely to be Adult & Dislocated Worker program staff from the state workforce development entity serving as the grant recipient. When conducting the review, your state partner may be program staff, or they may be staff from a special monitoring and oversight unit. Ask your program contact which is appropriate in your case. After you negotiate a time that is acceptable to all parties involved in the review, including the program operator, ask the state to send you a participant list. If possible, the list should include enrollment or activity codes for each person. This gives you an early indication about the project's start-up activities, and the kinds of services currently provided.

Significant Activities in Conducting the Review

Every review will be different, depending on the complexity of the project design, the nature of the target group, the experience and past performance of the program operator, and the priorities of the reviewer(s). Most reviews, however, share common elements or activities. Each of these is discussed in greater detail in Part III.

1. [Opening Meeting with Project Management](#)
2. [Review of Service Policies and Procedures](#)
3. [Analysis of Financial and MIS Documents](#)
4. [File Review](#)
5. [Staff Meeting](#)
6. [Participant Interviews](#)
7. [Transition Committee Meeting](#)
8. [Exit Meeting](#)

Part III: Conducting the On-Site Review

Opening Meeting

Most reviews formally begin with an opening meeting or “entrance interview” with project management, usually lasting about an hour. At this meeting you should explore the following kinds of issues:

What is the project management’s general assessment of the grant’s progress to date, and any special obstacles or challenges that exist?

What rapid response and early intervention services were provided? What activities are ongoing?

If the desk review showed enrollments or expenditures were significantly over or under the original estimates, why is this? Is there a credible plan for addressing the problem?

Is project staff in place? What are their background and experience? Are there any new hires? How many? What is the staffing plan for the project?

Has the equipment listed in the budget narrative been purchased/leased yet? If not, why not?

List any other questions you feel are important to discuss at the opening meeting:

Service Policies and Procedures

After the opening meeting, ask to see a copy of the approved local plan and any policy manuals that are currently in effect.

What is the local area’s definition of self-sufficient employment for dislocated workers?

What are the policies regarding the progression through core, intensive, and training services? What documentation is required?

What are the policies regarding training expenditures? Is there a per-semester cap and/or a cumulative per-participant cap? Do these policies vary from what was proposed in the grant application?

What are the general policies for supportive services eligibility? Is there a financial needs test? What are the provisions governing transportation reimbursement, child/dependent care assistance, emergency payments, and other allowable supportive services? Do these policies vary from what is proposed in the grant application?

If applicable, determine whether local policy allows needs-related payments (NRPs). If so, what are the eligibility requirements? Are there per-payment or cumulative per-participant caps? Are the policies listed in the grant application the same as those listed here? If not, was the variant policy discussed in the grant application and approved by the GO?

List any other questions about policies and procedures you want to explore:

Analysis of Financial and MIS Documents

Ask for copies of the following documents (some of which may not be available):

Printouts showing all charges made to the grant, for each of the most recent two months available. This will give you an approximation of average monthly costs for things like facilities, staff, materials, indirect charges, etc.

A printout showing all cumulative charges to the grant, according to whatever cost items the project operator uses, for the most recent period available. (Some track this by the line items in the grant budget; others have their own standardized cost areas, which they also use for the formula program. Either is acceptable.) This will give you a feel for total costs to date, and may also be helpful in looking at spending in key cost areas.

A printout showing unexpended obligations for training, supportive services, and NRPs. If this information is available, it will give you a good indicator of future expenditures. If it is unavailable, you should meet with project management to determine: a) how they intend to develop the final funding request without this kind of information, and b) how they propose to adequately manage grant resources without looking at data on future costs.

A summary printout of enrollments by activity codes. This will quickly show the number of people enrolled in intensive services, training, supportive services, etc.

The contract between the State and the local service provider to operate the project.

After carefully reviewing these documents, ask yourself the following questions:

Are the kinds and amounts of staffing charges reasonable? Are they consistent with the staffing plan in the grant application?

Add the following: amount spent on staff to date + the projected cost of staffing the project throughout the remaining period of project operations. Does the projected total indicate a substantially greater or lesser expenditure than amounts available in the line item budget?

Add the following: amount spent on training to date + the amount of unexpended obligations. Does the projected total indicate a substantially greater or lesser expenditure than the amount available in the line item budget?

Add the following: amount spent on supportive services to date + the amount of unexpended obligations. Does the projected total indicate a substantially greater or lesser expenditure than the amount available in the line item budget?

If applicable, add: the amount spent on NRPs to date (if any) + the amount of unexpended obligations. Does the projected total indicate a substantially greater or lesser expenditure than the amount available in the line item budget?

Compare the enrollments by activity (i.e., training, supportive services, etc.) with the numbers projected in the grant application. Does there appear to be a greater or lesser participation rate than anticipated in the application for this period? If so, what are the cost implications of this? Are the expenditures for equipment consistent with the grant application?

Does the contract between the state and the service provider show that an appropriate amount of funds was disbursed to the project? (That is, has the state reserved an excess of funds for its own use?)

Performance Summary

Contract Number: / IA-XX
XXXX Company

Performance Factor	Actual Performance as of 6-30-09	Planned Performance for 6-30-09	Current Performance as % of Planned	Final Project Planned Performance	Current Performance as % of Final Planned
Cumulative Enrollments	119	150	79.3%	150	79.3%
Cumulative Exits	17	10	170%	150	11.3%
Training Enrollments	92	120	76.7%	120	76.7%
Entered Employment Rate	76.5%	90%	85%	90%	*
Wage Replacement Rate*	*	\$12,216	*	\$12,216	*
Total Expenditures	\$285,758	\$382,712	74.7%	\$857,668	33.3%

* - Unable to determine at this date.

Staff Interviews

If possible, try to set aside time for interviews with project staff. You can conduct these one-on-one, or as a group interview. If specialized functions like assessment or job development are performed by staff other than counselors/case managers, decide whether to meet with these individuals separately, or as part of the interviews with case management staff.

During your discussions, try to gain some insight into the following kinds of issues:

What are the background and experience of the staff? If there are new hires, how were they trained?

What is the approach to assessment? Are “paper and pencil” assessments used? If so, which ones? How are the results used? What kinds of questions or topics do case managers discuss with participants to assess interests, aptitudes, experiences, and employment barriers?

How do participants progress through core, intensive and training services?
Are participants taught job search skills? How and when?

How do career-changers go about selecting their new occupations? Are they encouraged to do labor market research? What does this involve? Are they encouraged to do vocational exploration activities? What does this involve?

What is the process for developing Individual Employment Plans (IEPs)?
How does the wage replacement goal factor into service planning and IEP development?
What job development activities are occurring?

How are participants matched with appropriate job leads?

To what extent is employer feedback systematically incorporated into job development?
On average, how long does a participant’s job search last?

How does staff perceive the project’s progress? What obstacles or challenges do they face in implementing the project?

What can project management, the state, or ETA do to help?

List any other questions you want to explore:

File Review

A significant portion of your time will be spent reviewing participant files. This activity helps you assess both the project's compliance with grant requirements and its success in providing quality services.

As a rule, it is desirable to review at least 10 percent (or more) of the files. However, this may not always be possible, depending on several factors including the size of the project, the number of reviewers, the time available, and the quality and complexity of the records. File selection need not be completely random. You may want to examine files from each of the case management staff, and to cover a variety of participant activities, including classroom training, OJT, intensive services-only, supportive services, NRPs, etc. If participants have exited from the program, be sure to look at some of those files as well.

A file review guide is provided as an attachment to this document.

PARTICIPANT FILE REVIEW

Project Name:

Participant Name:

SSN: XXX-XX-

Eligibility

Employer of dislocation	
Job title & wage at dislocation	
Job termination date	
Documentation of job termination & date	
Does documentation indicate an involuntary separation?	<input type="radio"/> Yes <input type="radio"/> No
Application date	
Employment status at time of registration	<input type="radio"/> Still at dislocation employer <input type="radio"/> Unemployed <input type="radio"/> Interim employment
Selective Service	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A Source:
US Citizen	<input type="radio"/> Yes <input type="radio"/> No Source and/or right-to-work documentation:

Note any eligibility issues or concerns:

Assessment and Service Planning

1. What is the participant’s employment goal? Is there evidence the employment goal is supported by assessment, career counseling, or vocational exploration activities? Briefly describe.

2. Is the employment goal reasonable and appropriate given the participant’s skills, interests, and experience; the local labor market conditions; and the project’s wage replacement goals?

3. List the services received to date, and the scheduled activities in the Individual Employment Plan (IEP).

4. Does the IEP adequately support the participant's employment goal?

Note any service planning issues or concerns:

Training – General

5. Does the file contain a determination of the need for training as identified in the IEP, comprehensive assessment, or through another intensive service? Does this determination appear reasonable?
6. Does the participant have the skills and qualifications necessary to successfully complete the program?
7. Is the training program directly linked to employment opportunities in the local area (or in an area to which the participant is willing to relocate)? How was this determined?

Classroom Training

8. List the training program, provider, duration, and planned cost.
9. Are the cost and provision of training consistent with the policies discussed in the grant application?
10. Is the training vendor, and the program, on the eligible training provider list?

11. Is the training provided through an appropriate ITA mechanism?

12. Has the participant applied for a Pell Grant? If a Pell Grant was awarded, were appropriate budgeting and coordination arrangements made?

On-the-Job Training (OJT)

13. List the employer, job title, training duration, and planned cost.

14. Is the employer's reimbursement rate equal to or less than 50 percent of the participant's wage rate?

15. Are a job description and training outline included in the contract or the case file?

16. Is the duration of the training appropriate, given the skill requirements of the occupation and the participant's skill level and experience?

17. Does the file contain documentation of the number of hours worked, and the amounts of employer reimbursement?

18. List any issues or concerns about the training enrollment:

Supportive Services

19. Is the participant eligible for unemployment insurance (UI)? If so, what is the weekly benefit amount and when will it expire?

20. Is the participant working in interim employment (i.e., employment that does not provide for “self-sufficiency,” as defined by the state or local board policy)? If so, list the employer and wage level.

21. List all planned supportive services, and their estimated costs.

22. Are the services provided according to the policies proposed in the grant application, including eligibility, amounts, duration, etc.?

23. If needs-related payments (NRPs) are provided, does the participant meet the eligibility criteria?

24. Are the NRPs provided according to the approved policies in the grant application?

25. List any issues or concerns about the provision of supportive services:

Case Management

26. Does the file indicate the participant is receiving regular contact and assistance from the counselor/case manager?

27. Has more than three months elapsed since the last scheduled service, indicating a “soft exit” should be recorded?

List any issues or concerns about case management:

Outcomes

If the participant has exited from the program, list any known information about outcomes, including: exit date, employment status, new employer, occupation, credential attainment, wage at placement, etc.

PARTICIPANT FILE REVIEW

Project Name:

Participant Name:

SSN: XXX-XX-

Eligibility

Employer of dislocation	
Job title & wage at dislocation	
Job termination date	
Documentation of job termination & date	
Does documentation indicate an involuntary separation?	<input type="radio"/> Yes <input type="radio"/> No
Application date	
Employment status at time of registration	<input type="radio"/> Still at dislocation employer <input type="radio"/> Unemployed <input type="radio"/> Interim employment
Selective Service	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A Source:
US Citizen	<input type="radio"/> Yes <input type="radio"/> No Source and/or right-to-work documentation:

Note any eligibility issues or concerns:

Assessment and Service Planning

1. What is the participant’s employment goal? Is there evidence the employment goal is supported by assessment, career counseling, or vocational exploration activities? Briefly describe.

2. Is the employment goal reasonable and appropriate given the participant’s skills, interests, and experience; the local labor market conditions; and the project’s wage replacement goals?

3. List the services received to date, and the scheduled activities in the Individual Employment Plan (IEP).

4. Does the IEP adequately support the participant's employment goal?

Note any service planning issues or concerns:

Training – General

5. Does the file contain a determination of the need for training as identified in the IEP, comprehensive assessment, or through another intensive service? Does this determination appear reasonable?
6. Does the participant have the skills and qualifications necessary to successfully complete the program?
7. Is the training program directly linked to employment opportunities in the local area (or in an area to which the participant is willing to relocate)? How was this determined?

Classroom Training

8. List the training program, provider, duration, and planned cost.
9. Are the cost and provision of training consistent with the policies discussed in the grant application?
10. Is the training vendor, and the program, on the eligible training provider list?

11. Is the training provided through an appropriate ITA mechanism?

12. Has the participant applied for a Pell Grant? If a Pell Grant was awarded, were appropriate budgeting and coordination arrangements made?

On-the-Job Training (OJT)

13. List the employer, job title, training duration, and planned cost.

14. Is the employer's reimbursement rate equal to or less than 50 percent of the participant's wage rate?

15. Are a job description and training outline included in the contract or the case file?

16. Is the duration of the training appropriate, given the skill requirements of the occupation and the participant's skill level and experience?

17. Does the file contain documentation of the number of hours worked, and the amounts of employer reimbursement?

18. List any issues or concerns about the training enrollment:

Supportive Services

19. Is the participant eligible for unemployment insurance (UI)? If so, what is the weekly benefit amount and when will it expire?

20. Is the participant working in interim employment (i.e., employment that does not provide for “self-sufficiency,” as defined by the state or local board policy)? If so, list the employer and wage level.

21. List all planned supportive services, and their estimated costs.

22. Are the services provided according to the policies proposed in the grant application, including eligibility, amounts, duration, etc.?

23. If needs-related payments (NRPs) are provided, does the participant meet the eligibility criteria?

24. Are the NRPs provided according to the approved policies in the grant application?

25. List any issues or concerns about the provision of supportive services:

Case Management

26. Does the file indicate the participant is receiving regular contact and assistance from the counselor/case manager?

27. Has more than three months elapsed since the last scheduled service, indicating a “soft exit” should be recorded?

List any issues or concerns about case management:

Outcomes

If the participant has exited from the program, list any known information about outcomes, including: exit date, employment status, new employer, occupation, credential attainment, wage at placement, etc.

PARTICIPANT FILE REVIEW

Project Name:

Participant Name:

SSN: XXX-XX-

Eligibility

Employer of dislocation	
Job title & wage at dislocation	
Job termination date	
Documentation of job termination & date	
Does documentation indicate an involuntary separation?	<input type="radio"/> Yes <input type="radio"/> No
Application date	
Employment status at time of registration	<input type="radio"/> Still at dislocation employer <input type="radio"/> Unemployed <input type="radio"/> Interim employment
Selective Service	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A Source:
US Citizen	<input type="radio"/> Yes <input type="radio"/> No Source and/or right-to-work documentation:

Note any eligibility issues or concerns:

1. Assessment and Service Planning

2. What is the participant’s employment goal? Is there evidence the employment goal is supported by assessment, career counseling, or vocational exploration activities? Briefly describe.

3. Is the employment goal reasonable and appropriate given the participant’s skills, interests, and experience; the local labor market conditions; and the project’s wage replacement goals?

4. List the services received to date, and the scheduled activities in the Individual Employment Plan (IEP).

5. Does the IEP adequately support the participant's employment goal?

Note any service planning issues or concerns:

Training – General

6. Does the file contain a determination of the need for training as identified in the IEP, comprehensive assessment, or through another intensive service? Does this determination appear reasonable?
7. Does the participant have the skills and qualifications necessary to successfully complete the program?
8. Is the training program directly linked to employment opportunities in the local area (or in an area to which the participant is willing to relocate)? How was this determined?

Classroom Training

9. List the training program, provider, duration, and planned cost.
10. Are the cost and provision of training consistent with the policies discussed in the grant application?
11. Is the training vendor, and the program, on the eligible training provider list?

12. Is the training provided through an appropriate ITA mechanism?

13. Has the participant applied for a Pell Grant? If a Pell Grant was awarded, were appropriate budgeting and coordination arrangements made?

On-the-Job Training (OJT)

14. List the employer, job title, training duration, and planned cost.

15. Is the employer's reimbursement rate equal to or less than 50 percent of the participant's wage rate?

16. Are a job description and training outline included in the contract or the case file?

17. Is the duration of the training appropriate, given the skill requirements of the occupation and the participant's skill level and experience?

18. Does the file contain documentation of the number of hours worked, and the amounts of employer reimbursement?

19. List any issues or concerns about the training enrollment:

Supportive Services

20. Is the participant eligible for unemployment insurance (UI)? If so, what is the weekly benefit amount and when will it expire?

21. Is the participant working in interim employment (i.e., employment that does not provide for “self-sufficiency,” as defined by the state or local board policy)? If so, list the employer and wage level.

22. List all planned supportive services, and their estimated costs.

23. Are the services provided according to the policies proposed in the grant application, including eligibility, amounts, duration, etc.?

24. If needs-related payments (NRPs) are provided, does the participant meet the eligibility criteria?

25. Are the NRPs provided according to the approved policies in the grant application?

26. List any issues or concerns about the provision of supportive services:

Case Management

27. Does the file indicate the participant is receiving regular contact and assistance from the counselor/case manager?

28. Has more than three months elapsed since the last scheduled service, indicating a “soft exit” should be recorded?

List any issues or concerns about case management:

Outcomes

If the participant has exited from the program, list any known information about outcomes, including: exit date, employment status, new employer, occupation, credential attainment, wage at placement, etc.

PARTICIPANT FILE REVIEW

Project Name: Participant

Name: _____ **SSN: XXX-XX-** _____

Eligibility

Employer of dislocation	
Job title & wage at dislocation	
Job termination date	
Documentation of job termination & date	
Does documentation indicate an involuntary separation?	<input type="radio"/> Yes <input type="radio"/> No
Application date	
Employment status at time of registration	<input type="radio"/> Still at dislocation employer <input type="radio"/> Unemployed <input type="radio"/> Interim employment
Selective Service	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A Source:
US Citizen	<input type="radio"/> Yes <input type="radio"/> No Source and/or right-to-work documentation:

Note any eligibility issues or concerns:

Assessment and Service Planning

1. What is the participant’s employment goal? Is there evidence the employment goal is supported by assessment, career counseling, or vocational exploration activities? Briefly describe.

2. Is the employment goal reasonable and appropriate given the participant’s skills, interests, and experience; the local labor market conditions; and the project’s wage replacement goals?

3. List the services received to date, and the scheduled activities in the Individual Employment Plan (IEP).

4. Does the IEP adequately support the participant's employment goal?

Note any service planning issues or concerns:

Training – General

5. Does the file contain a determination of the need for training as identified in the IEP, comprehensive assessment, or through another intensive service? Does this determination appear reasonable?
6. Does the participant have the skills and qualifications necessary to successfully complete the program?
7. Is the training program directly linked to employment opportunities in the local area (or in an area to which the participant is willing to relocate)? How was this determined?

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8. List the training program, provider, duration, and planned cost.
9. Are the cost and provision of training consistent with the policies discussed in the grant application?
10. Is the training vendor, and the program, on the eligible training provider list?

11. Is the training provided through an appropriate ITA mechanism?

12. Has the participant applied for a Pell Grant? If a Pell Grant was awarded, were appropriate budgeting and coordination arrangements made?

On-the-Job Training (OJT)

13. List the employer, job title, training duration, and planned cost.

14. Is the employer's reimbursement rate equal to or less than 50 percent of the participant's wage rate?

15. Are a job description and training outline included in the contract or the case file?

16. Is the duration of the training appropriate, given the skill requirements of the occupation and the participant's skill level and experience?

17. Does the file contain documentation of the number of hours worked, and the amounts of employer reimbursement?

18. List any issues or concerns about the training enrollment:

Supportive Services

19. Is the participant eligible for unemployment insurance (UI)? If so, what is the weekly benefit amount and when will it expire?

20. Is the participant working in interim employment (i.e., employment that does not provide for “self-sufficiency,” as defined by the state or local board policy)? If so, list the employer and wage level.

21. List all planned supportive services, and their estimated costs.

22. Are the services provided according to the policies proposed in the grant application, including eligibility, amounts, duration, etc.?

23. If needs-related payments (NRPs) are provided, does the participant meet the eligibility criteria?

24. Are the NRPs provided according to the approved policies in the grant application?

25. List any issues or concerns about the provision of supportive services:

Case Management

26. Does the file indicate the participant is receiving regular contact and assistance from the counselor/case manager?

27. Has more than three months elapsed since the last scheduled service, indicating a “soft exit” should be recorded?

List any issues or concerns about case management:

Outcomes

If the participant has exited from the program, list any known information about outcomes, including: exit date, employment status, new employer, occupation, credential attainment, wage at placement, etc.

PARTICIPANT FILE REVIEW

Project Name:

Participant Name:

SSN: XXX-XX-

Eligibility

Employer of dislocation	
Job title & wage at dislocation	
Job termination date	
Documentation of job termination & date	
Does documentation indicate an involuntary separation?	<input type="radio"/> Yes <input type="radio"/> No
Application date	
Employment status at time of registration	<input type="radio"/> Still at dislocation employer <input type="radio"/> Unemployed <input type="radio"/> Interim employment
Selective Service	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A Source:
US Citizen	<input type="radio"/> Yes <input type="radio"/> No Source and/or right-to-work documentation:

Note any eligibility issues or concerns:

Assessment and Service Planning

1. What is the participant’s employment goal? Is there evidence the employment goal is supported by assessment, career counseling, or vocational exploration activities? Briefly describe.

2. Is the employment goal reasonable and appropriate given the participant’s skills, interests, and experience; the local labor market conditions; and the project’s wage replacement goals?

3. List the services received to date, and the scheduled activities in the Individual Employment Plan (IEP).

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Participant Name:

SSN: XXX-XX-

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Participant Interviews

Participant interviews offer the reviewer a valuable opportunity speak directly with end-use customers, and provide an excellent means of assessing service quality that one cannot obtain from case files or project reports. Although they add time to the overall review process, you are encouraged to use participant interviews whenever possible.

There are many ways of scheduling and conducting interviews. Whatever approach you use, the review team, rather than the project operator, should be responsible for selecting the participants interviewed. However, it is also important to work closely with the project operator in contacting participants and scheduling the interviews. This process should begin several weeks ahead of time.

A participant interview guide is provided as an attachment to this document, as well as a sample process for scheduling interviews.

Sample Procedure for Scheduling Participant Interviews

1. Determine the number of interviews you can accommodate during the review. You will find there is great variability in each participant's personality, level of experience with the project, and general interest in talking to you. Some interviews will last barely 10 minutes and others will exceed half an hour. When scheduling, be sure to allow at least 30 to 45 minutes between interviews.
2. Using the enrollment list provided by the state, select participant names for the number of interviews you wish to conduct. (You may want to split up the review team and hold concurrent interviews.) This selection may be totally random, or you may want to pick names of individuals receiving a cross-section of services. For example, you may want to deliberately select some participants enrolled in training, some who are in intensive services only, some who are receiving supportive services, etc. Designate these individuals as "primary interviews."
3. Select additional names as "secondary interviews." Because some (or even most) of your "primary interviews" will be unavailable, it is important to create a backup list of additional names. Select about twice as many secondary names as you have primary.
4. Send this list to your state contact. Ask him or her to forward it to the program operator and ask that the program operator schedule the interviews for the times you have reserved. Ask that they also keep of list of reasons why any individuals contacted were unavailable.

PARTICIPANT INTERVIEW GUIDE

NEG Project Name:

Service Provider:

Interview Date:

Participant's Name & SSN:

Company at layoff:

Occupation/wage at layoff:

Orientation

How did you learn about this program?

When the program was explained to you, how did they describe the services that are available?

Assessment and Service Planning

What is your employment goal?

How did you select this as your employment goal?

Is there a strong demand for this occupation in this area? How do you know?

How much do you expect to make in this new job? Is this an adequate income to meet your needs?

Did you use any assessments to help you think about areas of interest or special skills you have? Tell me a little about this.

What role did your career counselor play in helping you identify your career goal and develop a plan for getting back to work?

Retraining

If the participant received or is receiving retraining, ask the following questions:

How did you select your training provider?

How is your training going? [Or] What was your training experience like?

Are you [were you] satisfied with the training provider? If not, why not?

Supportive Services and Income Support

If the participant received or is receiving supportive services, ask the following questions:

Does [did] the project help pay for any services like mileage reimbursement, childcare, etc.? If so, which ones?

Do you receive your reimbursements in a timely manner?

How far is [was] your commute? [*If mileage reimbursement was received.*] Does the project reimburse you for any travel expenses other than mileage to and from training?

Are you currently working? If so, where and how many hours per week?

Are you currently receiving Unemployment Insurance? If so, do you know when your benefits will expire?

How will you meet your income needs when your Unemployment Insurance benefits run out? [*If enrolled in training lasting longer than 26 weeks.*]

Are you receiving Needs-Related Payments? How much is your payment? *[Ask only if NRPs are offered in the project, and if the file indicates the participant is receiving them.]*

Job Search Assistance

If the participant does not plan to enroll in training, or has completed training, ask the following questions:

Did you receive any services to help with your job search? Could you tell me a little about this? *[Look for information about job search skills, identifying job openings, job development, interviewing skills, resume preparation, job clubs, etc].*

Were these services helpful? Please explain.

How is your job search going?

General Program Issues

Is there a particular staff person that you usually work with?

What has this been like?

How often do you have contact with him/her?

Have you ever had any problems with the project? [If so] Please tell me more about this. Was the issue resolved? How?

Evaluation and Wrap-Up

Now I am going to ask you about your overall experience with the services you have received so far. I will read three statements and ask you to rate your experience.

1. On a scale of 1 to 10, where 1 means “very dissatisfied” and 10 means “very satisfied,” what is your overall satisfaction with the services provided from the project?
2. Considering all of the expectations you may have had about the services, to what extent have the services met your expectations? 1 now means, “falls short of expectations” and 10 means “exceed your expectations.”
3. Now think of the ideal program for people in your circumstances. How well do you think the services you received compare with the ideal set of services? 1 now means “not very close to the ideal” and 10 now means “very close to the ideal.”

Do you feel there are services you need to be successful in achieving your employment goal, but that you are not currently receiving? If so, what services?

Do you have anything else you would like to share, or any suggestions for improving the project?

Are there any questions you would like to ask me?

PARTICIPANT INTERVIEW GUIDE

NEG Project Name:

Service Provider:

Interview Date:

Participant's Name & SSN:

Company at layoff:

Occupation/wage at layoff:

Orientation

How did you learn about this program?

When the program was explained to you, how did they describe the services that are available?

Assessment and Service Planning

What is your employment goal?

How did you select this as your employment goal?

Is there a strong demand for this occupation in this area? How do you know?

How much do you expect to make in this new job? Is this an adequate income to meet your needs?

Did you use any assessments to help you think about areas of interest or special skills you have? Tell me a little about this.

What role did your career counselor play in helping you identify your career goal and develop a plan for getting back to work?

Retraining

If the participant received or is receiving retraining, ask the following questions:

How did you select your training provider?

How is your training going? [Or] What was your training experience like?

Are you [were you] satisfied with the training provider? If not, why not?

Supportive Services and Income Support

If the participant received or is receiving supportive services, ask the following questions:

Does [did] the project help pay for any services like mileage reimbursement, childcare, etc.? If so, which ones?

Do you receive your reimbursements in a timely manner?

How far is [was] your commute? [*If mileage reimbursement was received.*] Does the project reimburse you for any travel expenses other than mileage to and from training?

Are you currently working? If so, where and how many hours per week?

Are you currently receiving Unemployment Insurance? If so, do you know when your benefits will expire?

How will you meet your income needs when your Unemployment Insurance benefits run out? [*If enrolled in training lasting longer than 26 weeks.*]

Are you receiving Needs-Related Payments? How much is your payment? *[Ask only if NRPs are offered in the project, and if the file indicates the participant is receiving them.]*

Job Search Assistance

If the participant does not plan to enroll in training, or has completed training, ask the following questions:

Did you receive any services to help with your job search? Could you tell me a little about this? *[Look for information about job search skills, identifying job openings, job development, interviewing skills, resume preparation, job clubs, etc].*

Were these services helpful? Please explain.

How is your job search going?

General Program Issues

Is there a particular staff person that you usually work with?

What has this been like?

How often do you have contact with him/her?

Have you ever had any problems with the project? [If so] Please tell me more about this. Was the issue resolved? How?

Evaluation and Wrap-Up

Now I am going to ask you about your overall experience with the services you have received so far. I will read three statements and ask you to rate your experience.

4. On a scale of 1 to 10, where 1 means “very dissatisfied” and 10 means “very satisfied,” what is your overall satisfaction with the services provided from the project?
5. Considering all of the expectations you may have had about the services, to what extent have the services met your expectations? 1 now means, “falls short of expectations” and 10 means “exceed your expectations.”
6. Now think of the ideal program for people in your circumstances. How well do you think the services you received compare with the ideal set of services? 1 now means “not very close to the ideal” and 10 now means “very close to the ideal.”

Do you feel there are services you need to be successful in achieving your employment goal, but that you are not currently receiving? If so, what services?

Do you have anything else you would like to share, or any suggestions for improving the project?

Are there any questions you would like to ask me?

PARTICIPANT INTERVIEW GUIDE

NEG Project Name:

Service Provider:

Interview Date:

Participant's Name & SSN:

Company at layoff:

Occupation/wage at layoff:

Orientation

How did you learn about this program?

When the program was explained to you, how did they describe the services that are available?

Assessment and Service Planning

What is your employment goal?

How did you select this as your employment goal?

Is there a strong demand for this occupation in this area? How do you know?

How much do you expect to make in this new job? Is this an adequate income to meet your needs?

Did you use any assessments to help you think about areas of interest or special skills you have? Tell me a little about this.

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Retraining

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How did you select your training provider?

How is your training going? [Or] What was your training experience like?

Are you [were you] satisfied with the training provider? If not, why not?

Supportive Services and Income Support

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Does [did] the project help pay for any services like mileage reimbursement, childcare, etc.? If so, which ones?

Do you receive your reimbursements in a timely manner?

How far is [was] your commute? [*If mileage reimbursement was received.*] Does the project reimburse you for any travel expenses other than mileage to and from training?

Are you currently working? If so, where and how many hours per week?

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How will you meet your income needs when your Unemployment Insurance benefits run out? [*If enrolled in training lasting longer than 26 weeks.*]

Are you receiving Needs-Related Payments? How much is your payment? *[Ask only if NRPs are offered in the project, and if the file indicates the participant is receiving them.]*

Job Search Assistance

If the participant does not plan to enroll in training, or has completed training, ask the following questions:

Did you receive any services to help with your job search? Could you tell me a little about this? *[Look for information about job search skills, identifying job openings, job development, interviewing skills, resume preparation, job clubs, etc].*

Were these services helpful? Please explain.

How is your job search going?

General Program Issues

Is there a particular staff person that you usually work with?

What has this been like?

How often do you have contact with him/her?

Have you ever had any problems with the project? [If so] Please tell me more about this. Was the issue resolved? How?

Evaluation and Wrap-Up

Now I am going to ask you about your overall experience with the services you have received so far. I will read three statements and ask you to rate your experience.

7. On a scale of 1 to 10, where 1 means “very dissatisfied” and 10 means “very satisfied,” what is your overall satisfaction with the services provided from the project?
8. Considering all of the expectations you may have had about the services, to what extent have the services met your expectations? 1 now means, “falls short of expectations” and 10 means “exceed your expectations.”
9. Now think of the ideal program for people in your circumstances. How well do you think the services you received compare with the ideal set of services? 1 now means “not very close to the ideal” and 10 now means “very close to the ideal.”

Do you feel there are services you need to be successful in achieving your employment goal, but that you are not currently receiving? If so, what services?

Do you have anything else you would like to share, or any suggestions for improving the project?

Are there any questions you would like to ask me?

PARTICIPANT INTERVIEW GUIDE

NEG Project Name:

Service Provider:

Interview Date:

Participant's Name & SSN:

Company at layoff:

Occupation/wage at layoff:

Orientation

How did you learn about this program?

When the program was explained to you, how did they describe the services that are available?

Assessment and Service Planning

What is your employment goal?

How did you select this as your employment goal?

Is there a strong demand for this occupation in this area? How do you know?

How much do you expect to make in this new job? Is this an adequate income to meet your needs?

Did you use any assessments to help you think about areas of interest or special skills you have? Tell me a little about this.

What role did your career counselor play in helping you identify your career goal and develop a plan for getting back to work?

Retraining

If the participant received or is receiving retraining, ask the following questions:

How did you select your training provider?

How is your training going? [Or] What was your training experience like?

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How will you meet your income needs when your Unemployment Insurance benefits run out? [*If enrolled in training lasting longer than 26 weeks.*]

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Job Search Assistance

If the participant does not plan to enroll in training, or has completed training, ask the following questions:

Did you receive any services to help with your job search? Could you tell me a little about this? *[Look for information about job search skills, identifying job openings, job development, interviewing skills, resume preparation, job clubs, etc].*

Were these services helpful? Please explain.

How is your job search going?

General Program Issues

Is there a particular staff person that you usually work with?

What has this been like?

How often do you have contact with him/her?

Have you ever had any problems with the project? [If so] Please tell me more about this. Was the issue resolved? How?

Evaluation and Wrap-Up

Now I am going to ask you about your overall experience with the services you have received so far. I will read three statements and ask you to rate your experience.

10. On a scale of 1 to 10, where 1 means “very dissatisfied” and 10 means “very satisfied,” what is your overall satisfaction with the services provided from the project?
11. Considering all of the expectations you may have had about the services, to what extent have the services met your expectations? 1 now means, “falls short of expectations” and 10 means “exceed your expectations.”
12. Now think of the ideal program for people in your circumstances. How well do you think the services you received compare with the ideal set of services? 1 now means “not very close to the ideal” and 10 now means “very close to the ideal.”

Do you feel there are services you need to be successful in achieving your employment goal, but that you are not currently receiving? If so, what services?

Do you have anything else you would like to share, or any suggestions for improving the project?

Are there any questions you would like to ask me?

PARTICIPANT INTERVIEW GUIDE

NEG Project Name:

Service Provider:

Interview Date:

Participant's Name & SSN:

Company at layoff:

Occupation/wage at layoff:

Orientation

How did you learn about this program?

When the program was explained to you, how did they describe the services that are available?

Assessment and Service Planning

What is your employment goal?

How did you select this as your employment goal?

Is there a strong demand for this occupation in this area? How do you know?

How much do you expect to make in this new job? Is this an adequate income to meet your needs?

Did you use any assessments to help you think about areas of interest or special skills you have? Tell me a little about this.

What role did your career counselor play in helping you identify your career goal and develop a plan for getting back to work?

Retraining

If the participant received or is receiving retraining, ask the following questions:

How did you select your training provider?

How is your training going? [Or] What was your training experience like?

Are you [were you] satisfied with the training provider? If not, why not?

Supportive Services and Income Support

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Were these services helpful? Please explain.

How is your job search going?

General Program Issues

Is there a particular staff person that you usually work with?

What has this been like?

How often do you have contact with him/her?

Have you ever had any problems with the project? [If so] Please tell me more about this. Was the issue resolved? How?

Evaluation and Wrap-Up

Now I am going to ask you about your overall experience with the services you have received so far. I will read three statements and ask you to rate your experience.

13. On a scale of 1 to 10, where 1 means “very dissatisfied” and 10 means “very satisfied,” what is your overall satisfaction with the services provided from the project?
14. Considering all of the expectations you may have had about the services, to what extent have the services met your expectations? 1 now means, “falls short of expectations” and 10 means “exceed your expectations.”
15. Now think of the ideal program for people in your circumstances. How well do you think the services you received compare with the ideal set of services? 1 now means “not very close to the ideal” and 10 now means “very close to the ideal.”

Do you feel there are services you need to be successful in achieving your employment goal, but that you are not currently receiving? If so, what services?

Do you have anything else you would like to share, or any suggestions for improving the project?

Are there any questions you would like to ask me?

PARTICIPANT INTERVIEW GUIDE

NEG Project Name:

Service Provider:

Interview Date:

Participant's Name & SSN:

Company at layoff:

Occupation/wage at layoff:

Orientation

How did you learn about this program?

When the program was explained to you, how did they describe the services that are available?

Assessment and Service Planning

What is your employment goal?

How did you select this as your employment goal?

Is there a strong demand for this occupation in this area? How do you know?

How much do you expect to make in this new job? Is this an adequate income to meet your needs?

Did you use any assessments to help you think about areas of interest or special skills you have? Tell me a little about this.

What role did your career counselor play in helping you identify your career goal and develop a plan for getting back to work?

Retraining

If the participant received or is receiving retraining, ask the following questions:

How did you select your training provider?

How is your training going? [Or] What was your training experience like?

Are you [were you] satisfied with the training provider? If not, why not?

Supportive Services and Income Support

If the participant received or is receiving supportive services, ask the following questions:

Does [did] the project help pay for any services like mileage reimbursement, childcare, etc.? If so, which ones?

Do you receive your reimbursements in a timely manner?

How far is [was] your commute? [*If mileage reimbursement was received.*] Does the project reimburse you for any travel expenses other than mileage to and from training?

Are you currently working? If so, where and how many hours per week?

Are you currently receiving Unemployment Insurance? If so, do you know when your benefits will expire?

How will you meet your income needs when your Unemployment Insurance benefits run out? [*If enrolled in training lasting longer than 26 weeks.*]

Are you receiving Needs-Related Payments? How much is your payment? *[Ask only if NRPs are offered in the project, and if the file indicates the participant is receiving them.]*

Job Search Assistance

If the participant does not plan to enroll in training, or has completed training, ask the following questions:

Did you receive any services to help with your job search? Could you tell me a little about this? *[Look for information about job search skills, identifying job openings, job development, interviewing skills, resume preparation, job clubs, etc].*

Were these services helpful? Please explain.

How is your job search going?

General Program Issues

Is there a particular staff person that you usually work with?

What has this been like?

How often do you have contact with him/her?

Have you ever had any problems with the project? [If so] Please tell me more about this. Was the issue resolved? How?

Evaluation and Wrap-Up

Now I am going to ask you about your overall experience with the services you have received so far. I will read three statements and ask you to rate your experience.

16. On a scale of 1 to 10, where 1 means “very dissatisfied” and 10 means “very satisfied,” what is your overall satisfaction with the services provided from the project?
17. Considering all of the expectations you may have had about the services, to what extent have the services met your expectations? 1 now means, “falls short of expectations” and 10 means “exceed your expectations.”
18. Now think of the ideal program for people in your circumstances. How well do you think the services you received compare with the ideal set of services? 1 now means “not very close to the ideal” and 10 now means “very close to the ideal.”

Do you feel there are services you need to be successful in achieving your employment goal, but that you are not currently receiving? If so, what services?

Do you have anything else you would like to share, or any suggestions for improving the project?

Are there any questions you would like to ask me?

PARTICIPANT INTERVIEW GUIDE

NEG Project Name:

Service Provider:

Interview Date:

Participant's Name & SSN:

Company at layoff:

Occupation/wage at layoff:

Orientation

How did you learn about this program?

When the program was explained to you, how did they describe the services that are available?

Assessment and Service Planning

What is your employment goal?

How did you select this as your employment goal?

Is there a strong demand for this occupation in this area? How do you know?

How much do you expect to make in this new job? Is this an adequate income to meet your needs?

Did you use any assessments to help you think about areas of interest or special skills you have? Tell me a little about this.

What role did your career counselor play in helping you identify your career goal and develop a plan for getting back to work?

Retraining

If the participant received or is receiving retraining, ask the following questions:

How did you select your training provider?

How is your training going? [Or] What was your training experience like?

Are you [were you] satisfied with the training provider? If not, why not?

Supportive Services and Income Support

If the participant received or is receiving supportive services, ask the following questions:

Does [did] the project help pay for any services like mileage reimbursement, childcare, etc.? If so, which ones?

Do you receive your reimbursements in a timely manner?

How far is [was] your commute? [*If mileage reimbursement was received.*] Does the project reimburse you for any travel expenses other than mileage to and from training?

Are you currently working? If so, where and how many hours per week?

Are you currently receiving Unemployment Insurance? If so, do you know when your benefits will expire?

How will you meet your income needs when your Unemployment Insurance benefits run out? [*If enrolled in training lasting longer than 26 weeks.*]

Are you receiving Needs-Related Payments? How much is your payment? *[Ask only if NRPs are offered in the project, and if the file indicates the participant is receiving them.]*

Job Search Assistance

If the participant does not plan to enroll in training, or has completed training, ask the following questions:

Did you receive any services to help with your job search? Could you tell me a little about this? *[Look for information about job search skills, identifying job openings, job development, interviewing skills, resume preparation, job clubs, etc].*

Were these services helpful? Please explain.

How is your job search going?

General Program Issues

Is there a particular staff person that you usually work with?

What has this been like?

How often do you have contact with him/her?

Have you ever had any problems with the project? [If so] Please tell me more about this. Was the issue resolved? How?

Evaluation and Wrap-Up

Now I am going to ask you about your overall experience with the services you have received so far. I will read three statements and ask you to rate your experience.

19. On a scale of 1 to 10, where 1 means “very dissatisfied” and 10 means “very satisfied,” what is your overall satisfaction with the services provided from the project?
20. Considering all of the expectations you may have had about the services, to what extent have the services met your expectations? 1 now means, “falls short of expectations” and 10 means “exceed your expectations.”
21. Now think of the ideal program for people in your circumstances. How well do you think the services you received compare with the ideal set of services? 1 now means “not very close to the ideal” and 10 now means “very close to the ideal.”

Do you feel there are services you need to be successful in achieving your employment goal, but that you are not currently receiving? If so, what services?

Do you have anything else you would like to share, or any suggestions for improving the project?

Are there any questions you would like to ask me?

PARTICIPANT INTERVIEW GUIDE

NEG Project Name:

Service Provider:

Interview Date:

Participant's Name & SSN:

Company at layoff:

Occupation/wage at layoff:

Orientation

How did you learn about this program?

When the program was explained to you, how did they describe the services that are available?

Assessment and Service Planning

What is your employment goal?

How did you select this as your employment goal?

Is there a strong demand for this occupation in this area? How do you know?

How much do you expect to make in this new job? Is this an adequate income to meet your needs?

Did you use any assessments to help you think about areas of interest or special skills you have? Tell me a little about this.

What role did your career counselor play in helping you identify your career goal and develop a plan for getting back to work?

Retraining

If the participant received or is receiving retraining, ask the following questions:

How did you select your training provider?

How is your training going? [Or] What was your training experience like?

Are you [were you] satisfied with the training provider? If not, why not?

Supportive Services and Income Support

If the participant received or is receiving supportive services, ask the following questions:

Does [did] the project help pay for any services like mileage reimbursement, childcare, etc.? If so, which ones?

Do you receive your reimbursements in a timely manner?

How far is [was] your commute? [*If mileage reimbursement was received.*] Does the project reimburse you for any travel expenses other than mileage to and from training?

Are you currently working? If so, where and how many hours per week?

Are you currently receiving Unemployment Insurance? If so, do you know when your benefits will expire?

How will you meet your income needs when your Unemployment Insurance benefits run out? [*If enrolled in training lasting longer than 26 weeks.*]

Are you receiving Needs-Related Payments? How much is your payment? *[Ask only if NRPs are offered in the project, and if the file indicates the participant is receiving them.]*

Job Search Assistance

If the participant does not plan to enroll in training, or has completed training, ask the following questions:

Did you receive any services to help with your job search? Could you tell me a little about this? *[Look for information about job search skills, identifying job openings, job development, interviewing skills, resume preparation, job clubs, etc].*

Were these services helpful? Please explain.

How is your job search going?

General Program Issues

Is there a particular staff person that you usually work with?

What has this been like?

How often do you have contact with him/her?

Have you ever had any problems with the project? [If so] Please tell me more about this. Was the issue resolved? How?

Evaluation and Wrap-Up

Now I am going to ask you about your overall experience with the services you have received so far. I will read three statements and ask you to rate your experience.

22. On a scale of 1 to 10, where 1 means “very dissatisfied” and 10 means “very satisfied,” what is your overall satisfaction with the services provided from the project?
23. Considering all of the expectations you may have had about the services, to what extent have the services met your expectations? 1 now means, “falls short of expectations” and 10 means “exceed your expectations.”
24. Now think of the ideal program for people in your circumstances. How well do you think the services you received compare with the ideal set of services? 1 now means “not very close to the ideal” and 10 now means “very close to the ideal.”

Do you feel there are services you need to be successful in achieving your employment goal, but that you are not currently receiving? If so, what services?

Do you have anything else you would like to share, or any suggestions for improving the project?

Are there any questions you would like to ask me?

PARTICIPANT INTERVIEW GUIDE

NEG Project Name:

Service Provider:

Interview Date:

Participant's Name & SSN:

Company at layoff:

Occupation/wage at layoff:

Orientation

How did you learn about this program?

When the program was explained to you, how did they describe the services that are available?

Assessment and Service Planning

What is your employment goal?

How did you select this as your employment goal?

Is there a strong demand for this occupation in this area? How do you know?

How much do you expect to make in this new job? Is this an adequate income to meet your needs?

Did you use any assessments to help you think about areas of interest or special skills you have? Tell me a little about this.

What role did your career counselor play in helping you identify your career goal and develop a plan for getting back to work?

Retraining

If the participant received or is receiving retraining, ask the following questions:

How did you select your training provider?

How is your training going? [Or] What was your training experience like?

Are you [were you] satisfied with the training provider? If not, why not?

Supportive Services and Income Support

If the participant received or is receiving supportive services, ask the following questions:

Does [did] the project help pay for any services like mileage reimbursement, childcare, etc.? If so, which ones?

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How far is [was] your commute? [*If mileage reimbursement was received.*] Does the project reimburse you for any travel expenses other than mileage to and from training?

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Were these services helpful? Please explain.

How is your job search going?

General Program Issues

Is there a particular staff person that you usually work with?

What has this been like?

How often do you have contact with him/her?

Have you ever had any problems with the project? [If so] Please tell me more about this. Was the issue resolved? How?

Evaluation and Wrap-Up

Now I am going to ask you about your overall experience with the services you have received so far. I will read three statements and ask you to rate your experience.

25. On a scale of 1 to 10, where 1 means “very dissatisfied” and 10 means “very satisfied,” what is your overall satisfaction with the services provided from the project?
26. Considering all of the expectations you may have had about the services, to what extent have the services met your expectations? 1 now means, “falls short of expectations” and 10 means “exceed your expectations.”
27. Now think of the ideal program for people in your circumstances. How well do you think the services you received compare with the ideal set of services? 1 now means “not very close to the ideal” and 10 now means “very close to the ideal.”

Do you feel there are services you need to be successful in achieving your employment goal, but that you are not currently receiving? If so, what services?

Do you have anything else you would like to share, or any suggestions for improving the project?

Are there any questions you would like to ask me?

PARTICIPANT INTERVIEW GUIDE

NEG Project Name:

Service Provider:

Interview Date:

Participant's Name & SSN:

Company at layoff:

Occupation/wage at layoff:

Orientation

How did you learn about this program?

When the program was explained to you, how did they describe the services that are available?

Assessment and Service Planning

What is your employment goal?

How did you select this as your employment goal?

Is there a strong demand for this occupation in this area? How do you know?

How much do you expect to make in this new job? Is this an adequate income to meet your needs?

Did you use any assessments to help you think about areas of interest or special skills you have? Tell me a little about this.

What role did your career counselor play in helping you identify your career goal and develop a plan for getting back to work?

Retraining

If the participant received or is receiving retraining, ask the following questions:

How did you select your training provider?

How is your training going? [Or] What was your training experience like?

Are you [were you] satisfied with the training provider? If not, why not?

Supportive Services and Income Support

If the participant received or is receiving supportive services, ask the following questions:

Does [did] the project help pay for any services like mileage reimbursement, childcare, etc.? If so, which ones?

Do you receive your reimbursements in a timely manner?

How far is [was] your commute? [*If mileage reimbursement was received.*] Does the project reimburse you for any travel expenses other than mileage to and from training?

Are you currently working? If so, where and how many hours per week?

Are you currently receiving Unemployment Insurance? If so, do you know when your benefits will expire?

How will you meet your income needs when your Unemployment Insurance benefits run out? [*If enrolled in training lasting longer than 26 weeks.*]

Are you receiving Needs-Related Payments? How much is your payment? *[Ask only if NRPs are offered in the project, and if the file indicates the participant is receiving them.]*

Job Search Assistance

If the participant does not plan to enroll in training, or has completed training, ask the following questions:

Did you receive any services to help with your job search? Could you tell me a little about this? *[Look for information about job search skills, identifying job openings, job development, interviewing skills, resume preparation, job clubs, etc].*

Were these services helpful? Please explain.

How is your job search going?

General Program Issues

Is there a particular staff person that you usually work with?

What has this been like?

How often do you have contact with him/her?

Have you ever had any problems with the project? [If so] Please tell me more about this. Was the issue resolved? How?

Evaluation and Wrap-Up

Now I am going to ask you about your overall experience with the services you have received so far. I will read three statements and ask you to rate your experience.

28. On a scale of 1 to 10, where 1 means “very dissatisfied” and 10 means “very satisfied,” what is your overall satisfaction with the services provided from the project?
29. Considering all of the expectations you may have had about the services, to what extent have the services met your expectations? 1 now means, “falls short of expectations” and 10 means “exceed your expectations.”
30. Now think of the ideal program for people in your circumstances. How well do you think the services you received compare with the ideal set of services? 1 now means “not very close to the ideal” and 10 now means “very close to the ideal.”

Do you feel there are services you need to be successful in achieving your employment goal, but that you are not currently receiving? If so, what services?

Do you have anything else you would like to share, or any suggestions for improving the project?

Are there any questions you would like to ask me?

Transition Committee Meeting

If a worker transition committee or labor-management committee was formed (and is still active), try to schedule time to meet with the committee chair and/or a small group of the members. During the meeting, explore the following:

- The role of the committee in planning (and delivering) transition services.
- The role of the committee in developing and reviewing the application.
- The role of the committee in reviewing and supporting ongoing project operations.
- The chair/committee members' assessment of the project's operation and quality

Summary Assessments

After the review team finishes its activities, discuss your summary assessment of the project's performance, paying particular attention to the following:

What are the strengths of the project? Are there any "best practices" deserving greater recognition?

Is the project on track in reaching its enrollment goals? If not, why not?

If the project is under-enrolled, is there a credible outreach plan for increasing enrollments, or does the implementation schedule need to be revised?

Is the program operator exercising an appropriate degree of diligence in managing the grant funds? Are there any inappropriate charges?

Does project management have a sufficiently detailed understanding of current expenditures and future obligations to develop the full funding request, and to manage the ongoing operations of the grant?

Does it appear the full funding request will be significantly different from the estimate contained in the initial funding application? If so, in what budget areas? If the project is already fully funded, is a grant modification necessary?

If the project is over-enrolled, what will be the impact on the full funding request? Is the project's total funding need likely to be greater than the "up to" amount of the initial award letter?

Will the project finish all participant service plans within the approved period of operations? If not, how will this be addressed?

Does project staff have sufficient skills and qualifications to provide high quality career counseling and job development services? If not, are appropriate steps (training, etc.) being taken to improve their capacity?

Is the grant operating in compliance with the Act, the regulations, and the terms and conditions of the grant agreement? If not, what are the major areas of concern?

Are the assessment and service planning components adequate? If not, how could they be improved?

Do IEPs appear appropriate to meet the employment and wage recovery needs of the participants?

Do participants enrolled in training for new careers appear to have an adequate understanding of relevant issues such as: entry-level training, experience, and skill requirements; labor market demand for their new career; wage and benefit levels; likely working conditions, etc.?

Is the project likely to reach its goals for entered employment rate and earnings replacement rate?

Are changes or enhancements to the program design necessary to improve the quality of services? If so, what changes are needed?

Do participants appear satisfied with their experience so far?

Exit Meeting

At the exit meeting, the review team communicates its principal findings regarding the project's strengths and weaknesses. If corrective actions are required, it may be useful to discuss the nature of the problem(s), appropriate steps to address it, and a reasonable time line for resolving the issue. Typically, the review team presents its findings to the Executive Director of the organization serving as the project operator.

The Project Manager/Project Coordinator will usually join in, although this may not be appropriate if there is concerns about this individual's performance that need to be addressed during the meeting. Project staffs generally do not participate.

Part IV: Post-Review Activities

After completing the on-site review, your final responsibility is to write a report summarizing your principal findings, recommendations, and corrective actions (if applicable). When you complete the first draft, share it with your supervisor for initial comments. Then, share it with your state partner(s) from the review. If their comments or concerns are easily incorporated into your final draft, attempt to do so. If their views about major findings or recommendations are substantially different from your own, and cannot be incorporated into your findings, invite them to formally respond to the final report after it is completed.

APPENDIX "A"

APPENDIX “B”

APPENDIX “C”