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| 1. | Date |  | Enter the date this form is being created. |
| 2. | TAA Cert # |  | Enter the relevant certification number and suffix if applicable.  |
| 3. | Customer SSN # |  | Enter the last four digits of the customer’s SSN number. |
| 4. | LWIA # |  | Enter the number of the LWIA. |
| 5. | Customer Name |  | Enter the customer’s complete name. |
| 6. | Name of Training Program |  | Enter the name of the Trade Training Program which the customer is enrolled and requesting approval. |
| 7. | Remedial |  | Enter Yes or No if the customer’s training plan includes Remedial Training. If Yes enter the type of Remedial classes the customer will be taking in the Comment section of this form.  |
| 8.  | Pre-Requisites |  | Enter Yes or No if the customer’s training plan includes Pre-Requisites Training. If Yes enter the type of Pre-Requisites classes the customer will be taking in the Comment section of this form. |
| 9. | Occupational |  | Enter Yes or No if the customer’s training plan includes Occupational Training.  |
| 10. | Total Credits Required |  | Enter the number of total credits required by the customer’s Training plan to be completed.  |
| 11. | Total Training Weeks |  | Enter the total number of Training Weeks required to complete the Training Program Plan. |
| 12. | Credential |  | Check Yes or No if the customer will receive an Industry-Recognized Credential – **if “NO” the Training Plan is not approvable and another Training plan should be discussed and agreed upon. All Trade Training must result in an Industry-Recognized Credential in addition to meeting the six (6) conditions of training.**  |
| 13. | Training Program Start Date |  | Enter the Date the Training Plan begins. |
| 14. | Training Program End Date |  | Enter the Date the Training Plan Ends. (The Planned IWDS End Date) |
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| **Training Program Course Requirements Schedule** |
| The Career Planner is required to fill out this form for the entire training plan which will include all components of the training including any required Remedial classes, Pre-Requisites classes and Occupational classes, Internships to successfully complete the Training Plan. **Prior to each Quarter or Semester** the Career Planner is required to get a copy and approve the customer’s **Class Schedule** before issuing a voucher for training or allowing the customer to attend any classes. The Career Planner should ensure that the schedule follows the required listed classes/electives. **At the end of each Quarter or Semester** the Career Planner is required to get a copy of the Grades and record those grades on the Trade Training Program Tracking Form. This must be completed prior to the next Quarter or Semester before a customer is allowed to continue with the training program. This form should be attached to the front of the Training section of the customer’s file/folder for easy access. All class schedules and grades must be behind this form in sequential order. This completed form will be submitted with the Training Affidavit when requesting Merit Staff approval for the Training plan. Any revisions or modifications (if changes to the cost of the program or the time to complete the program or if classes have been failed) must be made to this form in a timely manner and resubmitted for Merit Staff approval with the IEP update. The on-going completion of this form will help the Career Planner with the review and completion of accurate Training Benchmarks to determine Academic Progress and the customer’s ability to Complete the Training Program Plan on time.  |
| 15. | Semester/Quarter |  | Enter the Semester or Quarter the Classes are to be taken. |
| 16. | Course # |  | Enter the Course Number Assigned by the Training Institution for this class. |
| 17. | Required or Elective |  | Enter an “R” or an “E” if the class is a Required course or an Elective for this training program. |
| 18. | Class Title |  | Enter the Name/Class Title for each class for that Semester or Quarter. |
| 19. | Cr |  | Enter the number of Credits the customer will receive upon the successful completion of each class.  |
| 20. | S/Q Class Taken |  | There are two columns for the Semester or Quarter on this form. This is in case the class is failed and must be repeated. The customer is allowed to repeat a class one time if it is a required course. Enter the Semester or Quarter the class was actually taken in the first column. (i.e. Fall 2016) If the class is repeated, enter the Semester or Quarter the class was actually taken in the second column.  |
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| 21.  | Grade |  | There are two columns for Grades on this form. This is in case the class is failed and must be repeated. The customer is allowed to repeat a class one time if it is a required course. Enter the grade received in the first column. If the class is repeated, enter the grade in the second column.  |
| 22. | Comments |  | List out the individual Remedial Classes Required, Pre-Requisites Required. If there is an “Acceptance Policy” list the requirements that must be met in order to enter into the Occupational Training program. Also list if the training plan includes a Paid or Non-Paid Internship/Externship. Any training program that requires Pre-Requisites and an Acceptance Policy to be met prior to the Occupational training must have a “back-up” plan pre-approved that uses the majority of the classes already taken in case the customer isn’t accepted into the desired training program.  |
| 23. | Career Planner Signature |  | The Career Planner signs upon completion of the original form.  |
| 24. | Date |  | Enter the date the original form is completed.  |