**SIX CRITERION FOR APPROVAL OF TRAINING**

**CASE NOTE SAMPLE**

Items highlighted in yellow must be replaced with the applicable information.

If Equitable Tolling is being requested, add the following statement prior to the Criterion:

Requesting approval invoking Equitable Tolling because [provide justification for use of equitable tolling].

**Criterion 1:** There is no suitable employment available for the participant. [Participant name] appears on the official company layoff list for [Company name] on certification number [certification (petition) number]. [Participant name] was laid off on [date of separation] and worked in the capacity of [job title from laid off employer] making [enter salary earned at trade impacted employment]. The LMI for this trade impacted occupational shows a [enter percentage decline or growth for trade impacted occupation]. The participant has transferable skills that include [list transferrable skills]. Barriers to employment include [list barriers to employment identified as part of the assessment]. The participant has a [enter level of education, degrees, certificates, GED]. The participant has provided adequate documentation of job search efforts to reflect no success in securing employment with the current skills. None of the participant’s leads have resulted in an interview [or change to reflect information on any interviews the participant participated in and the outcome]. The participant is unable to obtain self-sufficient employment without further training due to [identify reasons for not meeting self-sufficiency. i.e. “lack of education or certifications, lack of transferrable skills, etc.”]. Additional training is needed to increase skills to obtain suitable employment.

**Criterion 2:** The participant would benefit from appropriate training. [Participant name] has completed labor market research in the area of [Name of Training Program] and has concluded that employment will be available in this occupational field once the training program is completed. The participant has been unsuccessful in the past of securing employment with current transferable skills/level of education. The participant will benefit by completing the training program to increase marketable skills and become more competitive in the workforce. The outcome of successfully obtaining employment will be significantly increased by completing [Name of training program certificate/degree]. The assessments indicate the participant has the necessary skills, abilities and interest in the chosen field of training for [Name of Occupation Field]. The participant’s lack of [identify reason for not meeting self-sufficiency such as “lack of education/credentials, lack of transferable skills, etc.] contribute to the need for additional training, to assist the participant in attaining additional marketable skills and becoming more competitive when re-entering the workforce once training is completed. Additional training will also contribute to the participant meeting a level of self-sufficiency and secure full-time employment once training is completed.

**Criterion 3:** There is a reasonable expectation of employment following completion of such training. The participant’s labor market research supports training request in the occupational area of [Name of training program]. LMI information was researched by the participant and this is documented on the participant’s Request for Training Packet. O\*NET reflects a [\_\_\_\_%] increase in employment is expected in Illinois in this occupational area. [Participant name] was able to identify 3 potential employers that may have job openings after participant’s successful completion of training. Average hourly wage rate for this occupation is [$\_\_\_\_] per hour. The training is in a [select one: demand occupation or limited demand occupation or self-employment]. [If the training is in a limited demand occupation provide support that there is a reasonable expectation the participant can secure employment in that occupation after completion of the selected training program]. [If the training is in an occupation that will lead to self-employment, provide support the self-employment will provide the participant with wages or earnings at or near the participant’s wages from the adversely affected employment]. [If the training is solely OJT, provide support that the OJT will lead to suitable employment with the employer providing the OJT]. [For 2021R participants, what work-based learning opportunities were researched and/or are available? If a work-based learning opportunity is not selected, provide a justification for not selecting it.

**Criterion 4:** Training is reasonably available to the participant. [Participant name] is requesting approval to attend training at [Name of training institution selected]. The participant will attend this training [select one: in-person, online, or hybrid]. The training is [full-time or part-time]. The participant resides approximately [One-way mileage distance] miles one-way, and [Round-trip distance] miles round trip from the training institution.

**Criterion 5:** The participant is qualified to undertake and complete such training. [Participant name] scored [Math score] in Math and [Reading score] in Reading. The participant scored [assessment score from interest/ability assessment tool] on [Name of assessment tool], which reflects high probability that the participant will succeed in completing a training program. The participant also scored high in aptitude areas of [List highest aptitude areas and scores from assessment tool.] The assessments indicate the participant has the necessary skills, abilities and interest in the chosen field of training for [Name of Occupation Field]. The participant has adequate transportation to and from the training institution selected. The training will take [Number of total weeks of training] weeks to complete. The participant’s BPE is [BPE date]. The participant has [number of weeks of UI/TRA remaining] weeks of UI/TRA remaining. [Choose one statement between the next two based on the participant’s situation: 1) This is enough weeks to allow the participant to complete the training; or 2) The remaining weeks of UI/TRA will not cover the total training period. The participant has identified adequate financial resources [identify resource] to allow completion of the training program without UI/TRA.] If the participant does not have enough remaining weeks of UI/TRA and cannot demonstrate he/she has adequate financial resources to complete the training, it cannot be approved.

**Criterion 6:** Such training is suitable for the participant and available at a reasonable cost. The total estimated cost of the training at [Name of training institution selected] is [$\_\_\_\_\_], which includes tuition, books, academic fees, uniforms of [$ \_\_\_\_ ], necessary equipment, supplies, tools including [list equipment such as computer, types of tools, etc.] of [$\_\_\_\_\_\_], supplemental assistance (travel/subsistence) of [$\_\_\_\_], and licensing and certification tests and fees of [$\_\_\_\_\_]. There [are or are no] associated residences or internships for this training program. [If are is chosen, then list the residence and/or internship and the costs]. Cost comparisons were conducted for the same program at [training institution 1] and [training institution 2]. The total costs for [training institution 1] total [$\_\_\_\_\_]. The total costs for [training institution 2] total [$\_\_\_\_\_]. The training institution selected is [choose either: the least expensive option; or not the least expensive option] (provide justification for selection of training institution that is not the least expensive).

**Criterion 7:**

The participant will earn [industry-recognized credential that will be earned at the completion of training]. If the training program will not result in an industry recognized credential, state that in the note.