Logo, company name

Description automatically generated

**Final Curriculum Form**

**Directions:** Review the training service modules below. This curriculum is based on the proposed curriculum your organization submitted during the application/renewal process combined with any changes resulting from negotiations. If the information below is incorrect, please cross out the incorrect information and add in corrected information highlighted in yellow. Once this form has been completed, it must be signed by the program administrator and sent to your organization’s assigned ILW Grant Manager.

Upon approval of the curriculum, your organization’s Grant Manager will sign and return this form via email. A copy of this form will be uploaded into IWRS and training service modules will be entered by the Grant Manager into IWRS.

***Reminder:***All training service modules must have a scored student evaluation (post-assessment/performance profile) and rosters to verify attendance/stipend hours. Pass/fail assessments will not be accepted.

**Grantee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Module Name** | **Number of Hours** | **Curricula/**  **Certificate** | **Confirm this module has a scored student evaluation (post-assessment/ performance profile)** | **Delivery Format (In-Person or Online)** |
| *Example: ~~Math~~ Module 102: Intro to Construction Math* | *~~12~~ 20* | *NCCER* | 🗷 | In-Person |
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| **Total Hours** |  | **Program Administrator’s Initials Confirming Accuracy of This Table** | |  |

**Instruction Dates**These dates were pulled from the Proposed Work Plan provided during the application process.If these dates change over the course of the grant year, please update your Work Plan document, and submit to your assigned grant manager. Only grantees who were renewed for 2023 may have more than three (3) cohorts.

|  |  |  |  |
| --- | --- | --- | --- |
| **Cohort** | **Instruction Start Date** | **Instruction End Date** | **Program Administrator Initials** |
| **1** |  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |

I certify that I have reviewed and approved the curriculum above. I acknowledge that if any changes to the agency’s curriculum are needed throughout the grant cycle our agency will contact our grant manager for approval.

**Program Administrator Signature Date Completed**

**------------------------------ For Office of Illinois Works Use Only ------------------------------**

**ILW Notes**

**ILW Grant Manager Signature Date Approved**

**Date training services were entered/verified in IWRS:**