**Logo, company name

Description automatically generated**

**Exhibit 7 – Participant File Checklist**

**Participant File Checklist**

Participant’s Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Application Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enrollment Date: (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cohort # / Year: (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Required Documentation for Each Stage of the Participant LifeCycle** | **Documentation Received (Please Initial** | | | | **Document Source/Comments** |
| Yes | No | N/A | Date & Initial |
| **Outreach and Recruitment** |  |  |  |  |  |
| Pre-screen Assessment (if completed hard copy) |  |  |  |  |  |
|  |  |  |  |  |  |
| **Application** |  |  |  |  |  |
| Pre-apprenticeship Program Application |  |  |  |  |  |
| Pre-apprenticeship Program Interview Questionnaire (with scores) |  |  |  |  |  |
| Enrollment decision letter (acceptance, conditional acceptance, denial) |  |  |  |  |  |
|  |  |  |  |  |  |
| **Intake and Wrap-Around Services** |  |  |  |  |  |
| Proof of address/Illinois residency |  |  |  |  |  |
| Age verification |  |  |  |  |  |
| Proof of Driver’s License |  |  |  |  |  |
| Proof of GED/HiSET or H.S. Diploma |  |  |  |  |  |
| Pre-Apprenticeship Training Program Commitment Agreement |  |  |  |  |  |
| Wrap-Around Service Assessment and relevant Wrap-around service documents |  |  |  |  |  |
| Career Assessment - Orientation |  |  |  |  |  |
| Policy documents provided to participants |  |  |  |  |  |
|  |  |  |  |  |  |
|  | Participant Name: | | | | |
| **Training** |  |  |  |  |  |
| Relevant documentation of Student Support, Wrap-Around, and Transition Services |  |  |  |  |  |
| Proof of stipend payment |  |  |  |  |  |
|  |  |  |  |  |  |
| **Program Completion** |  |  |  |  |  |
| Certificate of Completion and/or other document indicating successful completion (NCCER Core/MC3/ICCB, OSHA 10, First Aid/CPR, etc.) |  |  |  |  |  |
| Other credentials/certificates/certifications earned |  |  |  |  |  |
|  |  |  |  |  |  |
| **Transition Services** |  |  |  |  |  |
| Documentation of application and/or placement in DOL Registered Apprenticeship |  |  |  |  |  |
| Documentation of placement on DOL Registered Apprenticeship Waiting List (if applicable) |  |  |  |  |  |
| Documentation of placement in a secondary transition |  |  |  |  |  |
|  |  |  |  |  |  |
| **Follow Up Services** |  |  |  |  |  |
| Other documents relevant to follow-up |  |  |  |  |  |
| Exit Interview (if participant did not complete the program) |  |  |  |  |  |
|  |  |  |  |  |  |

*This document was developed by the Office of Illinois Works for the use by Illinois Works Pre-apprenticeship Program grantees.*