# Desk Review Template Completed by DCEO Staff Prior to One-On-One Meetings

Desk reviews of current customers will be completed by DCEO JTED staff and occur prior to the first one-on-one meeting, and will occur in 6 month intervals afterwards to ensure the customers are being documented correctly in the system. This review uses information from the JTED online system and includes a minimum of between 5-20 participants. Customer identification numbers will be identified in the sheet to identify the randomly selected customer used for the review. The reviewer will use the desk review to ensure the customers are being entered and tracked in the system accurately. The findings from the desk review will be compared to what is found during the one-on-one meeting and will allow problem areas to be identified and corrected. The areas that will be covered include General System Information, Intake Review, Career Plan, Case Noting, and Outcomes. In addition to the desk review the DCEO JTED will also conduct a live review of the grantee’s dashboard during the one-on-one meeting.

**DCEO Staff Completing Review:**

**Grantee Being Reviewed:**

| General System Information | |
| --- | --- |
| Review Item | **Count** |
| Number of Training Programs Entered into the System |  |
| Number of Credentials Entered into the System |  |
| Number of Worksites Entered into the System |  |
| Number of Customers Entered into the System |  |
| Number of Customers the Grantee is Actively Serving | *(This count will be entered during the one-on-one meeting)* |

| Questions | Related Instructions | IWN ID  0 | IWN ID  0 | IWN ID  0 | IWN ID  0 | IWN ID  0 |
| --- | --- | --- | --- | --- | --- | --- |
| Intake Review: |  |  |  |  |  |  |
| Customer’s Name: |  |  |  |  |  |  |
| Is the customer’s application complete and signed?  What is the application completion date?  *\*A paper copy should be kept in the customer file and can be uploaded into Illinois workNet.* |  |  |  |  |  |  |
| Has the customer’s eligibility verification been completed? |  |  |  |  |  |  |
| Is the customer eligible as category 1, 2, 3, or 4? |  |  |  |  |  |  |
| Have additional suitability assessments been entered into the system?  *Look at assessments summary tools* |  |  |  |  |  |  |
| What is the customer's enrollment status and date? |  |  |  |  |  |  |
| What is the customer's enrollment category? |  |  |  |  |  |  |
| What is the customer's enrollment program? |  |  |  |  |  |  |
| Was the Service Needs Assessment completed? |  |  |  |  |  |  |
| Was a referral for support/barrier reduction services required? If so, was a referral made through Illinois workNet? |  |  |  |  |  |  |
| Was the customer involved in the development of the Career Plan? |  |  |  |  |  |  |
| Did the customer sign the Career Plan?  *\*A paper copy should be kept in the customer file and can be uploaded into Illinois workNet.* |  |  |  |  |  |  |
| Career Plan:  Career Plan Rubric ([PDF](https://www.illinoisworknet.com/DownloadPrint/Career%20Plan%20Rubric.pdf)) |  |  |  |  |  |  |
| Has an Assessment(s) summary been added for the customer?  *\* This is considered a best practice.* |  |  |  |  |  |  |
| Have relevant goals been set for the customer? |  |  |  |  |  |  |
| Have relevant services been added? |  |  |  |  |  |  |
| Have all the services been associated with the appropriate goals? |  |  |  |  |  |  |
| Based on the Service Needs Assessment, have all identified support/barriers reduction needs been provided and documented in the career plan? |  |  |  |  |  |  |
| Does the customer have one or more open services?  *\*Best practice is to open Case Management the duration of working with the customer.* |  |  |  |  |  |  |
| Has a service been added that aligns to the customer’s training? |  |  |  |  |  |  |
| What is the status of the training service? |  |  |  |  |  |  |
| Has the customer earned a credential from the training service?  *\*A paper copy should be kept in the customer file and can be uploaded into Illinois workNet.* |  |  |  |  |  |  |
| Is this person currently in work experience? |  |  |  |  |  |  |
| Does the customer have any unsuccessfully completed services? If so, why? |  |  |  |  |  |  |
| Does the customer have any successfully completed services? |  |  |  |  |  |  |
| Do all services start/completion statuses align with the deadlines set with the start/end dates? |  |  |  |  |  |  |
| Case Notes: |  |  |  |  |  |  |
| Does the customer have case notes tracking the services of the customer? |  |  |  |  |  |  |
| Has a case note been added in the last 30 days? |  |  |  |  |  |  |
| Outcomes: |  |  |  |  |  |  |
| Does this customer have all steps/service closed?  *\*This is not a red flag, it is an indicator of if the customer is nearing program completion.* |  |  |  |  |  |  |
| How many credentials does the customer have listed? |  |  |  |  |  |  |
| Has the customer completed the program? If yes, what is the exit reason? |  |  |  |  |  |  |
| Has the appropriate information related to the completion reason been entered (i.e., Employer information, Post-secondary, and Apprenticeship)? |  |  |  |  |  |  |
| If the customer is complete, have follow up case notes been added? |  |  |  |  |  |  |
| Has a success story been added for the customer? |  |  |  |  |  |  |

**Observations:** Note any unique or innovative techniques, procedures, or practices during the review. Any such observation should be documented for follow-up. For example, successful components that focused upon vulnerable populations like homeless, single language minority households, and ex-offenders should be note.