# Appendix D

# Self-Assessment Identifying Information (Cover Page)

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| Local Area Number/Region: Click or tap here to enter text. | | |
| Name, Title and Organization of Contact Person: Click or tap here to enter text. | | |
| Contact Phone Number: Click or tap here to enter text. | Contact E-mail: Click or tap here to enter text. | Date Self-Assessment Submitted to IWIB (XX/XX/XXXX): Click or tap to enter a date. |
| WIOA Partner Organizations Participating in Self-Assessment: Click or tap here to enter text. | | |
| Documents to be Included in the Submission:  Report on the Process and Results Presented to the LWIB  Self-Assessment  Other: Click or tap here to enter text. | | |

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| **Goal 1: Customer-Centered Design Goals** | **Application Point a. Customer input is collected on an ongoing basis from local users (including One Stop walk-in customers, enrolled participants, and employers) and, at a minimum, evaluated annually by partners.** | **Application Point b. Customer input gathered from local users is used to evaluate and improve technologies, programs, services, interactions, accessibility, and environments within the local area. Based on customer input, local partners will propose improvements and a timeline for implementation.** | **Application Point c. The LWIB will set the expectation for the One Stop Operator (OSO) to manage service integration initiatives in the OSO scope of work. The OSO will report to the Local Workforce Investment Board (LWIB) on service integration initiatives, timelines, and progress.** | **Application Point d. Partner staff will provide system users access to other options for feedback outside of an annual input process and be made aware of complaints procedures and appeal rights. Workforce Innovation and Opportunity Act (WIOA) partners will not retaliate against users who provide negative feedback, complaints, or make appeals.** |
| For each application point please rank your area’s Level of Integration of Goal Application according to the following scale.   1. This application point is not occurring nor is currently being planned. 2. This application point is currently being planned. 3. This application point has been planned and is occurring on an ongoing basis.   Click or tap on the grey boxes below to choose your selection. | | | | |
| Level of Integration of Goal Application |  |  |  |  |
| **For each application point that use the Planning Tool Below to describe how your area is planning and/or implementing each application point.** | | | | |
| **Application Point a.** Customer input is collected on an ongoing basis from local users (including One Stop walk-in customers, enrolled participants, and employers) and, at a minimum, evaluated annually by partners. | | | | |
| **Strategy for Application Point a:**  What specific tactics will we use to address the application point? | Click or tap here to enter text. | | | |
| **Key Players for Application Point a.**  Who is responsible? Who else should be involved? | Click or tap here to enter text. | | | |
| **Expected Outcomes for Application Point a.**  What will be the result of these strategies? | Click or tap here to enter text. | | | |
| **Timeline for Application Point a.**  What is the due date of each expected outcome? | Click or tap here to enter text. | | | |
| **Questions/Needed Assistance for Application Point a.**  What questions do you have? | Click or tap here to enter text. | | | |
| **Technical Assistance: Does your local area need technical assistance on Application Point a.?** | | YES  NO | | |
| **Technical Assistance: If YES, please specify.** | | Click or tap here to enter text. | | |
| **Application Point b.** Customer input gathered from local users is used to evaluate and improve technologies, programs, services, interactions, accessibility, and environments within the local area. Based on customer input, local partners will propose improvements and a timeline for implementation. | | | | |
| **Strategy for Application Point b:**  What specific tactics will we use to address the application point? | Click or tap here to enter text. | | | |
| **Key Players for Application Point b.**  Who is responsible? Who else should be involved? | Click or tap here to enter text. | | | |
| **Expected Outcomes for Application Point b.**  What will be the result of these strategies? | Click or tap here to enter text. | | | |
| **Timeline for Application Point b.**  What is the due date of each expected outcome? | Click or tap here to enter text. | | | |
| **Questions/Needed Assistance for Application Point b.**  What questions do you have? | Click or tap here to enter text. | | | |
| **Technical Assistance: Does your local area need technical assistance on Application Point b.?** | | YES  NO | | |
| **Technical Assistance: If YES, please specify.** | | Click or tap here to enter text. | | |
| **Application Point c.** The LWIB will set the expectation for the One Stop Operator (OSO) to manage service integration initiatives in the OSO scope of work. The OSO will report to the LWIB on service integration initiatives, timelines, and progress. | | | | |
| **Strategy for Application Point c:**  What specific tactics will we use to address the application point? | Click or tap here to enter text. | | | |
| **Key Players for Application Point c.**  Who is responsible? Who else should be involved? | Click or tap here to enter text. | | | |
| **Expected Outcomes for Application Point c.**  What will be the result of these strategies? | Click or tap here to enter text. | | | |
| **Timeline for Application Point c.**  What is the due date of each expected outcome? | Click or tap here to enter text. | | | |
| **Questions/Needed Assistance for Application Point c.**  What questions do you have? | Click or tap here to enter text. | | | |
| **Technical Assistance: Does your local area need technical assistance on Application Point c.?** | | YES  NO | | |
| **Technical Assistance: If YES, please specify.** | | Click or tap here to enter text. | | |
| **Application Point d.** Partner staff will provide system users access to other options for feedback outside of an annual input process and be made aware of complaints procedures and appeal rights. WIOA partners will not retaliate against users who provide negative feedback, complaints, or make appeals. | | | | |
| **Strategy for Application Point d:**  What specific tactics will we use to address the application point? | Click or tap here to enter text. | | | |
| **Key Players for Application Point d.**  Who is responsible? Who else should be involved? | Click or tap here to enter text. | | | |
| **Expected Outcomes for Application Point d.**  What will be the result of these strategies? | Click or tap here to enter text. | | | |
| **Timeline for Application Point d.**  What is the due date of each expected outcome? | Click or tap here to enter text. | | | |
| **Questions/Needed Assistance for Application Point d.**  What questions do you have? | Click or tap here to enter text. | | | |
| **Technical Assistance: Does your local area need technical assistance on Application Point d.?** | | YES  NO | | |
| **Technical Assistance: If YES, please specify.** | | Click or tap here to enter text. | | |

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| **Goal 2: Partner Staff Goals** | **Application Point a. Cross-training and program information resources addressing the roles, services, performance expectations, and eligibility requirements of all WIOA partner programs are provided for all partner staff, including information and encouragement in acquiring professional credentials.** | **Application Point b. Communication across partners is consistent, comprehensive, and timely.** | **Application Point c. All partner staff receives current and relevant professional development to service integration goals.** | **Application Point d. All partner staff are treated as valued and respected team members.** |
| For each application point please rank your area’s Level of Integration of Goal Application according to the following scale.   1. This application point is not occurring nor is currently being planned. 2. This application point is currently being planned. 3. This application point has been planned and is occurring on an ongoing basis.   Click or tap on the grey boxes below to choose your selection. | | | | |
| Level of Integration of Goal Application |  |  |  |  |
| **For each application point that use the Planning Tool Below to describe how your area is planning and/or implementing each application point.** | | | | |
| **Application Point a.** Cross-training and program information resources addressing the roles, services, performance expectations, and eligibility requirements of all WIOA partner programs are provided for all partner staff, including information and encouragement in acquiring professional credentials. | | | | |
| **Strategy for Application Point a:**  What specific tactics will we use to address the application point? | Click or tap here to enter text. | | | |
| **Key Players for Application Point a.**  Who is responsible? Who else should be involved? | Click or tap here to enter text. | | | |
| **Expected Outcomes for Application Point a.**  What will be the result of these strategies? | Click or tap here to enter text. | | | |
| **Timeline for Application Point a.**  What is the due date of each expected outcome? | Click or tap here to enter text. | | | |
| **Questions/Needed Assistance for Application Point a.**  What questions do you have? | Click or tap here to enter text. | | | |
| **Technical Assistance: Does your local area need technical assistance on Application Point a.?** | | YES  NO | | |
| **Technical Assistance: If YES, please specify.** | | Click or tap here to enter text. | | |
| **Application Point b.** Communication across partners is consistent, comprehensive, and timely. | | | | |
| **Strategy for Application Point b:**  What specific tactics will we use to address the application point? | Click or tap here to enter text. | | | |
| **Key Players for Application Point b.**  Who is responsible? Who else should be involved? | Click or tap here to enter text. | | | |
| **Expected Outcomes for Application Point b.**  What will be the result of these strategies? | Click or tap here to enter text. | | | |
| **Timeline for Application Point b.**  What is the due date of each expected outcome? | Click or tap here to enter text. | | | |
| **Questions/Needed Assistance for Application Point b.**  What questions do you have? | Click or tap here to enter text. | | | |
| **Technical Assistance: Does your local area need technical assistance on Application Point b.?** | | YES  NO | | |
| **Technical Assistance: If YES, please specify.** | | Click or tap here to enter text. | | |
| **Application Point c.** All partner staff receives current and relevant professional development to service integration goals. | | | | |
| **Strategy for Application Point c:**  What specific tactics will we use to address the application point? | Click or tap here to enter text. | | | |
| **Key Players for Application Point c.**  Who is responsible? Who else should be involved? | Click or tap here to enter text. | | | |
| **Expected Outcomes for Application Point c.**  What will be the result of these strategies? | Click or tap here to enter text. | | | |
| **Timeline for Application Point c.**  What is the due date of each expected outcome? | Click or tap here to enter text. | | | |
| **Questions/Needed Assistance for Application Point c.**  What questions do you have? | Click or tap here to enter text. | | | |
| **Technical Assistance: Does your local area need technical assistance on Application Point c.?** | | YES  NO | | |
| **Technical Assistance: If YES, please specify.** | |  | | |
| **Application Point d.** All partner staff are treated as valued and respected team members. | | | | |
| **Strategy for Application Point d:**  What specific tactics will we use to address the application point? | Click or tap here to enter text. | | | |
| **Key Players for Application Point d.**  Who is responsible? Who else should be involved? | Click or tap here to enter text. | | | |
| **Expected Outcomes for Application Point d.**  What will be the result of these strategies? | Click or tap here to enter text. | | | |
| **Timeline for Application Point d.**  What is the due date of each expected outcome? | Click or tap here to enter text. | | | |
| **Questions/Needed Assistance for Application Point d.**  What questions do you have? | Click or tap here to enter text. | | | |
| **Technical Assistance: Does your local area need technical assistance on Application Point d.?** | | YES  NO | | |
| **Technical Assistance: If YES, please specify.** | | Click or tap here to enter text. | | |

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| **Goal 3: Intake and Assessment Goals** | **Application Point a. Customers provide basic information once through a collaborative intake process or information-sharing across programs.** | | **Application Point b. During intake, customers are provided an overview of partner services, eligibility, and suitability requirements by appropriate partner staff.** | **Application Point c. An open dialogue during intake and a comprehensive assessment(s) between partner staff and customers leads to informed choice and becomes the foundation of a service plan.** | **Application Point d. If partners use different assessments for the same purpose, they must designate a single assessment to the extent possible.** | **Application Point e. Partners inform and support customers throughout the process to secure the documents and verification needed for program participation.** | **Application Point. f. Partners will review and apply asset-based and barrier-reduction practices to intake and assessment processes while using best practices to protect customer confidentiality and reduce stigmas of accessing public services.** |
| For each application point please rank your area’s Level of Integration of Goal Application according to the following scale.   1. This application point is not occurring nor is currently being planned. 2. This application point is currently being planned. 3. This application point has been planned and is occurring on an ongoing basis.   Click or tap on the grey boxes below to choose your selection. | | | | | | | |
| Level of Integration of Goal Application | |  |  |  |  |  |  |
| **For each application point that use the Planning Tool Below to describe how your area is planning and/or implementing each application point.** | | | | | | | |
| **Application Point a.** Customers provide basic information once through a collaborative intake process or information-sharing across programs. | | | | | | | |

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| **Strategy for Application Point a:**  What specific tactics will we use to address the application point? | Click or tap here to enter text. | |
| **Key Players for Application Point a.**  Who is responsible? Who else should be involved? | Click or tap here to enter text. | |
| **Expected Outcomes for Application Point a.**  What will be the result of these strategies? | Click or tap here to enter text. | |
| **Timeline for Application Point a.**  What is the due date of each expected outcome? | Click or tap here to enter text. | |
| **Questions/Needed Assistance for Application Point c.**  What questions do you have? | Click or tap here to enter text. | |
| **Technical Assistance: Does your local area need technical assistance on Application Point a.?** | | YES  NO |
| **Technical Assistance: If YES, please specify.** | | Click or tap here to enter text. |
| **Application Point b.** During intake, customers are provided an overview of partner services, eligibility, and suitability requirements by appropriate partner staff. | | |
| **Strategy for Application Point b:**  What specific tactics will we use to address the application point? | Click or tap here to enter text. | |
| **Key Players for Application Point b.**  Who is responsible? Who else should be involved? | Click or tap here to enter text. | |
| **Expected Outcomes for Application Point b.**  What will be the result of these strategies? | Click or tap here to enter text. | |
| **Timeline for Application Point b.**  What is the due date of each expected outcome? | Click or tap here to enter text. | |
| **Questions/Needed Assistance for Application Point b.**  What questions do you have? | Click or tap here to enter text. | |
| **Technical Assistance: Does your local area need technical assistance on Application Point b.?** | | YES  NO |
| **Technical Assistance: If YES, please specify.** | | Click or tap here to enter text. |
| **Application Point c.** An open dialogue during intake and a comprehensive assessment(s) between partner staff and customers leads to informed choice and becomes the foundation of a service plan. | | |
| **Strategy for Application Point c:**  What specific tactics will we use to address the application point? | Click or tap here to enter text. | |
| **Key Players for Application Point c.**  Who is responsible? Who else should be involved? | Click or tap here to enter text. | |
| **Expected Outcomes for Application Point c.**  What will be the result of these strategies? | Click or tap here to enter text. | |
| **Timeline for Application Point c.**  What is the due date of each expected outcome? | Click or tap here to enter text. | |
| **Questions/Needed Assistance for Application Point c.**  What questions do you have? | Click or tap here to enter text. | |
| **Technical Assistance: Does your local area need technical assistance on Application Point c.?** | | YES  NO |
| **Technical Assistance: If YES, please specify.** | | Click or tap here to enter text. |
| **Application Point d.** If partners use different assessments for the same purpose, they must designate a single assessment to the extent possible. | | |
| **Strategy for Application Point d:**  What specific tactics will we use to address the application point? | Click or tap here to enter text. | |
| **Key Players for Application Point d.**  Who is responsible? Who else should be involved? | Click or tap here to enter text. | |
| **Expected Outcomes for Application Point d.**  What will be the result of these strategies? | Click or tap here to enter text. | |
| **Timeline for Application Point d.**  What is the due date of each expected outcome? | Click or tap here to enter text. | |
| **Questions/Needed Assistance for Application Point d.**  What questions do you have? | Click or tap here to enter text. | |
| **Technical Assistance: Does your local area need technical assistance on Application Point d.?** | | YES  NO |
| **Technical Assistance: If YES, please specify.** | | Click or tap here to enter text. |
| **Application Point e.** Partners inform and support customers throughout the process to secure the documents and verification needed for program participation. | | |
| **Strategy for Application Point e:**  What specific tactics will we use to address the application point? | Click or tap here to enter text. | |
| **Key Players for Application Point e.**  Who is responsible? Who else should be involved? | Click or tap here to enter text. | |
| **Expected Outcomes for Application Point e.**  What will be the result of these strategies? | Click or tap here to enter text. | |
| **Timeline for Application Point e.**  What is the due date of each expected outcome? | Click or tap here to enter text. | |
| **Questions/Needed Assistance for Application Point e.**  What questions do you have? | Click or tap here to enter text. | |
| **Technical Assistance: Does your local area need technical assistance on Application Point e.?** | | YES  NO |
| **Technical Assistance: If YES, please specify.** | | Click or tap here to enter text. |
| **Application Point. f.** Partners will review and apply asset-based and barrier-reduction practices to intake and assessment processes while using best practices to protect customer confidentiality and reduce stigmas of accessing public services. | | |
| **Strategy for Application Point f:**  What specific tactics will we use to address the application point? | Click or tap here to enter text. | |
| **Key Players for Application Point f.**  Who is responsible? Who else should be involved? | Click or tap here to enter text. | |
| **Expected Outcomes for Application Point f.**  What will be the result of these strategies? | Click or tap here to enter text. | |
| **Timeline for Application Point f.**  What is the due date of each expected outcome? | Click or tap here to enter text. | |
| **Questions/Needed Assistance for Application Point f.**  What questions do you have? | Click or tap here to enter text. | |
| **Technical Assistance: Does your local area need technical assistance on Application Point f.?** | | YES  NO |
| **Technical Assistance: If YES, please specify.** | | Click or tap here to enter text. |

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| **Goal 4: Service Goals** | **Application Point a. WIOA partners support service integration by identifying and empowering a leader from each title who will engage in ongoing communication and relationship building.** | | **Application Point b. WIOA partners must be familiar with WIOA eligibility and suitability and are responsible for ensuring appropriate referrals and referral outcomes, working effectively to leverage partner resources for the benefit of customers, including training and directing applicable staff.** | | **Application Point c. Consider the customer’s experience and the processes involved during service delivery, such as referrals and their outcomes. Necessary assessments should be reviewed, streamlined, and coordinated through continuous collaboration with partners. Collaboration among partners should ensure the alignment of these assessments.** | **Application Point d. Individual service plans and goal statements are used to provide and coordinate services and guide follow-up. These plans are continuously updated to respond to changing customer needs and evaluated for referral opportunities on an ongoing basis.** | **Application Point e. Customers receive timely and coordinated access to all WIOA employer and job seeker services, whether on-site, through technology, at a partner site, or by other appropriate and accessible community services.** |
| For each application point please rank your area’s Level of Integration of Goal Application according to the following scale.   1. This application point is not occurring nor is currently being planned. 2. This application point is currently being planned. 3. This application point has been planned and is occurring on an ongoing basis.   Click or tap on the grey boxes below to choose your selection. | | | | | | | |
| Level of Integration of Goal Application |  | |  | |  |  |  |
| **For each application point that use the Planning Tool Below to describe how your area is planning and/or implementing each application point**. | | | | | | | |
| **Application Point a.** WIOA partners support service integration by identifying and empowering a leader from each title who will engage in ongoing communication and relationship building. | | | | | | | |
| **Strategy for Application Point a:**  What specific tactics will we use to address the application point? | | Click or tap here to enter text. | | | | | |
| **Key Players for Application Point a.**  Who is responsible? Who else should be involved? | | Click or tap here to enter text. | | | | | |
| **Expected Outcomes for Application Point a.**  What will be the result of these strategies? | | Click or tap here to enter text. | | | | | |
| **Timeline for Application Point a.**  What is the due date of each expected outcome? | | Click or tap here to enter text. | | | | | |
| **Questions/Needed Assistance for Application Point a.**  What questions do you have? | | Click or tap here to enter text. | | | | | |
| **Technical Assistance: Does your local area need technical assistance on Application Point a.?** | | | | YES  NO | | | |
| **Technical Assistance: If YES, please specify.** | | | | Click or tap here to enter text. | | | |
| **Application Point b.** WIOA partners must be familiar with WIOA eligibility and suitability and are responsible for ensuring appropriate referrals and referral outcomes, working effectively to leverage partner resources for the benefit of customers, including training and directing applicable staff. | | | | | | | |
| **Strategy for Application Point b:**  What specific tactics will we use to address the application point? | | Click or tap here to enter text. | | | | | |
| **Key Players for Application Point b.**  Who is responsible? Who else should be involved? | | Click or tap here to enter text. | | | | | |
| **Expected Outcomes for Application Point b.**  What will be the result of these strategies? | | Click or tap here to enter text. | | | | | |
| **Timeline for Application Point b.**  What is the due date of each expected outcome? | | Click or tap here to enter text. | | | | | |
| **Questions/Needed Assistance for Application Point b.**  What questions do you have? | | Click or tap here to enter text. | | | | | |
| **Technical Assistance: Does your local area need technical assistance on Application Point b.?** | | | | YES  NO | | | |
| **Technical Assistance: If YES, please specify.** | | | | Click or tap here to enter text. | | | |
| **Application Point c.** Consider the customer’s experience and the processes involved during service delivery, such as referrals and their outcomes. Necessary assessments should be reviewed, streamlined, and coordinated through continuous collaboration with partners. Collaboration among partners should ensure the alignment of these assessments. | | | | | | | |
| **Strategy for Application Point c:**  What specific tactics will we use to address the application point? | | Click or tap here to enter text. | | | | | |
| **Key Players for Application Point c.**  Who is responsible? Who else should be involved? | | Click or tap here to enter text. | | | | | |
| **Expected Outcomes for Application Point c.**  What will be the result of these strategies? | | Click or tap here to enter text. | | | | | |
| **Timeline for Application Point c.**  What is the due date of each expected outcome? | | Click or tap here to enter text. | | | | | |
| **Questions/Needed Assistance for Application Point c.**  What questions do you have? | | Click or tap here to enter text. | | | | | |
| **Technical Assistance: Does your local area need technical assistance on Application Point c.?** | | | | YES  NO | | | |
| **Technical Assistance: If YES, please specify.** | | | | Click or tap here to enter text. | | | |
| **Application Point d.** Individual service plans and goal statements are used to provide and coordinate services and guide follow-up. These plans are continuously updated to respond to changing customer needs and evaluated for referral opportunities on an ongoing basis. | | | | | | | |
| **Strategy for Application Point d:**  What specific tactics will we use to address the application point? | | Click or tap here to enter text. | | | | | |
| **Key Players for Application Point d.**  Who is responsible? Who else should be involved? | | Click or tap here to enter text. | | | | | |
| **Expected Outcomes for Application Point d.**  What will be the result of these strategies? | | Click or tap here to enter text. | | | | | |
| **Timeline for Application Point d.**  What is the due date of each expected outcome? | | Click or tap here to enter text. | | | | | |
| **Questions/Needed Assistance for Application Point d.**  What questions do you have? | | Click or tap here to enter text. | | | | | |
| **Technical Assistance: Does your local area need technical assistance on Application Point d.?** | | | | YES  NO | | | |
| **Technical Assistance: If YES, please specify.** | | | | Click or tap here to enter text. | | | |
| **Application Point e.** Customers receive timely and coordinated access to all WIOA employer and job seeker services, whether on-site, through technology, at a partner site, or by other appropriate and accessible community services. | | | | | | | |
| **Strategy for Application Point e:**  What specific tactics will we use to address the application point? | | Click or tap here to enter text. | | | | | |
| **Key Players for Application Point e.**  Who is responsible? Who else should be involved? | | Click or tap here to enter text. | | | | | |
| **Expected Outcomes for Application Point e.**  What will be the result of these strategies? | | Click or tap here to enter text. | | | | | |
| **Timeline for Application Point e.**  What is the due date of each expected outcome? | | Click or tap here to enter text. | | | | | |
| **Questions/Needed Assistance for Application Point e.**  What questions do you have? | | Click or tap here to enter text. | | | | | |
| **Technical Assistance: Does your local area need technical assistance on Application Point e.?** | | | | YES  NO | | | |
| **Technical Assistance: If YES, please specify.** | | | | Click or tap here to enter text. | | | |

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| **Goal 5:**  **Career Pathways Goal** | **Application Point a. The workforce development system will create strong partnerships with community programs to streamline services and provide funding for the wrap-around support needed for career pathways.** | | | **Application Point b. Service integration will seek employer input to ensure that pathways investments align with the needs of employers and prioritize career pathways that align with future employer demands.** | **Application Point c. Current and timely labor market information informs career planning and sector-based initiatives.** |
| For each application point please rank your area’s Level of Integration of Goal Application according to the following scale.   1. This application point is not occurring nor is currently being planned. 2. This application point is currently being planned. 3. This application point has been planned and is occurring on an ongoing basis.   Click or tap on the grey boxes below to choose your selection. | | | | | |
| Level of Integration of Goal Application |  | | |  |  |
| **For each application point that use the Planning Tool Below to describe how your area is planning and/or implementing each application point.** | | | | | |
| **Application Point a.** The workforce development system will create strong partnerships with community programs to streamline services and provide funding for the wrap-around support needed for career pathways. | | | | | |
| **Strategy for Application Point a:**  What specific tactics will we use to address the application point? | | Click or tap here to enter text. | | | |
| **Key Players for Application Point a.**  Who is responsible? Who else should be involved? | | Click or tap here to enter text. | | | |
| **Expected Outcomes for Application Point a.**  What will be the result of these strategies? | | Click or tap here to enter text. | | | |
| **Timeline for Application Point a.**  What is the due date of each expected outcome? | | Click or tap here to enter text. | | | |
| **Questions/Needed Assistance for Application Point a.**  What questions do you have? | | Click or tap here to enter text. | | | |
| **Technical Assistance: Does your local area need technical assistance on Application Point a.?** | | YES  NO | | | |
| **Technical Assistance: If YES, please specify.** | | Click or tap here to enter text. | | | |
| **Application Point b.** Service integration will seek employer input to ensure that pathways investments align with the needs of employers and prioritize career pathways that align with future employer demands. | | | | | |
| **Strategy for Application Point b:**  What specific tactics will we use to address the application point? | | Click or tap here to enter text. | | | |
| **Key Players for Application Point b.**  Who is responsible? Who else should be involved? | | Click or tap here to enter text. | | | |
| **Expected Outcomes for Application Point b.**  What will be the result of these strategies? | | Click or tap here to enter text. | | | |
| **Timeline for Application Point b.**  What is the due date of each expected outcome? | | Click or tap here to enter text. | | | |
| **Questions/Needed Assistance for Application Point b.**  What questions do you have? | | Click or tap here to enter text. | | | |
| **Technical Assistance: Does your local area need technical assistance on Application Point b.?** | | YES  NO | | | |
| **Technical Assistance: If YES, please specify.** | | Click or tap here to enter text. | | | |
| **Application Point c.** Current and timely labor market information informs career planning and sector-based initiatives. | | | | | |
| **Strategy for Application Point c:**  What specific tactics will we use to address the application point? | | | Click or tap here to enter text. | | |
| **Key Players for Application Point c.**  Who is responsible? Who else should be involved? | | | Click or tap here to enter text. | | |
| **Expected Outcomes for Application Point c.**  What will be the result of these strategies? | | | Click or tap here to enter text. | | |
| **Timeline for Application Point c.**  What is the due date of each expected outcome? | | | Click or tap here to enter text. | | |
| **Questions/Needed Assistance for Application Point c.**  What questions do you have? | | | Click or tap here to enter text. | | |
| **Technical Assistance: Does your local area need technical assistance on Application Point c.?** | | | YES  NO | | |
| **Technical Assistance: If YES, please specify.** | | | Click or tap here to enter text. | | |
| **Strategy for Application Point c:**  What specific tactics will we use to address the application point? | | | Click or tap here to enter text. | | |

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| **Goal 6 Informationn**  **Goals:** | **Application Point a. All partners will share information on a continual basis.** | **Application Point b. All partners share national and state policies, procedures, and guidance with each other and use this information to make local decisions.** | **Application Point c. The design and delivery of workforce services are guided by current and timely labor market information.** | **Application Point d. One-Stop Operators will facilitate ongoing, consistent communication among local partners.** | **Application Point e. Customer information will be shared, as appropriate and feasible, with all partner programs and services following confidentiality requirements.** | **Application Point f. Partners will inform customers of their Appeal Rights.** |
| For each application point please rank your area’s Level of Integration of Goal Application according to the following scale.   1. This application point is not occurring nor is currently being planned. 2. This application point is currently being planned. 3. This application point has been planned and is occurring on an ongoing basis.   Click or tap on the grey boxes below to choose your selection. | | | | | | |
| Level of Integration of Goal Application |  |  |  |  |  |  |
| **For each application point that use the Planning Tool Below to describe how your area is planning and/or implementing each application point.** | | | | | | |
| **Application Point a.** All partners will share information on a continual basis. | | | | | | |

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| **Strategy for Application Point a:**  What specific tactics will we use to address the application point? | Click or tap here to enter text. | |
| **Key Players for Application Point a.**  Who is responsible? Who else should be involved? | Click or tap here to enter text. | |
| **Expected Outcomes for Application Point a.**  What will be the result of these strategies? | Click or tap here to enter text. | |
| **Timeline for Application Point a.**  What is the due date of each expected outcome? | Click or tap here to enter text. | |
| **Questions/Needed Assistance for Application Point a.**  What questions do you have? | Click or tap here to enter text. | |
| **Technical Assistance: Does your local area need technical assistance on Application Point a.?** | | YES  NO |
| **Technical Assistance: If YES, please specify.** | | Click or tap here to enter text. |
| **Application Point b.** All partners share national and state policies, procedures, and guidance with each other and use this information to make local decisions. | | |
| **Strategy for Application Point b:**  What specific tactics will we use to address the application point? | Click or tap here to enter text. | |
| **Key Players for Application Point b.**  Who is responsible? Who else should be involved? | Click or tap here to enter text. | |
| **Expected Outcomes for Application Point b.**  What will be the result of these strategies? | Click or tap here to enter text. | |
| **Timeline for Application Point b.**  What is the due date of each expected outcome? | Click or tap here to enter text. | |
| **Questions/Needed Assistance for Application Point b.**  What questions do you have? | Click or tap here to enter text. | |
| **Technical Assistance: Does your local area need technical assistance on Application Point b.?** | | YES  NO |
| **Technical Assistance: If YES, please specify.** | | Click or tap here to enter text. |
| **Application Point c.** The design and delivery of workforce services are guided by current and timely labor market information. | | |
| **Strategy for Application Point c:**  What specific tactics will we use to address the application point? | Click or tap here to enter text. | |
| **Key Players for Application Point c.**  Who is responsible? Who else should be involved? | Click or tap here to enter text. | |
| **Expected Outcomes for Application Point c.**  What will be the result of these strategies? | Click or tap here to enter text. | |
| **Timeline for Application Point c.**  What is the due date of each expected outcome? | Click or tap here to enter text. | |
| **Questions/Needed Assistance for Application Point c.**  What questions do you have? | Click or tap here to enter text. | |
| **Technical Assistance: Does your local area need technical assistance on Application Point c.?** | | YES  NO |
| **Technical Assistance: If YES, please specify.** | | Click or tap here to enter text. |
| **Application Point d.** One-Stop Operators will facilitate ongoing, consistent communication among local partners. | | |
| **Strategy for Application Point d:**  What specific tactics will we use to address the application point? | Click or tap here to enter text. | |
| **Key Players for Application Point d.**  Who is responsible? Who else should be involved? | Click or tap here to enter text. | |
| **Expected Outcomes for Application Point d.**  What will be the result of these strategies? | Click or tap here to enter text. | |
| **Timeline for Application Point d.**  What is the due date of each expected outcome? | Click or tap here to enter text. | |
| **Questions/Needed Assistance for Application Point d.**  What questions do you have? | Click or tap here to enter text. | |
| **Technical Assistance: Does your local area need technical assistance on Application Point d.?** | | YES  NO |
| **Technical Assistance: If YES, please specify.** | | Click or tap here to enter text. |
| **Application Point e.** Customer information will be shared, as appropriate and feasible, with all partner programs and services following confidentiality requirements. | | |
| **Strategy for Application Point e:**  What specific tactics will we use to address the application point? | Click or tap here to enter text. | |
| **Key Players for Application Point e.**  Who is responsible? Who else should be involved? | Click or tap here to enter text. | |
| **Expected Outcomes for Application Point e.**  What will be the result of these strategies? | Click or tap here to enter text. | |
| **Timeline for Application Point e.**  What is the due date of each expected outcome? | Click or tap here to enter text. | |
| **Questions/Needed Assistance for Application Point e.**  What questions do you have? | Click or tap here to enter text. | |
| **Technical Assistance: Does your local area need technical assistance on Application Point e.?** | | YES  NO |
| **Technical Assistance: If YES, please specify.** | | Click or tap here to enter text. |
| **Application Point f.** Partners will inform customers of their Appeal Rights. | | |
| **Strategy for Application Point f:**  What specific tactics will we use to address the application point? | Click or tap here to enter text. | |
| **Key Players for Application Point f.**  Who is responsible? Who else should be involved? | Click or tap here to enter text. | |
| **Expected Outcomes for Application Point f.**  What will be the result of these strategies? | Click or tap here to enter text. | |
| **Timeline for Application Point f.**  What is the due date of each expected outcome? | Click or tap here to enter text. | |
| **Questions/Needed Assistance for Application Point e.**  What questions do you have? | Click or tap here to enter text. | |
| **Technical Assistance: Does your local area need technical assistance on Application Point f.?** | | YES  NO |
| **Technical Assistance: If YES, please specify.** | | Click or tap here to enter text. |

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| **Goal 7: Evaluation Goals** | | **Application Point a: Partners must create and use customer satisfaction tools, analyzing the feedback on a continual basis.** | | **Application Point b. Partners must conduct an evaluation using The IWIB Evaluation Toolkit to assess local service integration efforts and create evidence-based policymaking and system design.** |
| For each application point please rank your area’s Level of Integration of Goal Application according to the following scale.   1. This application point is not occurring nor is currently being planned. 2. This application point is currently being planned. 3. This application point has been planned and is occurring on an ongoing basis.   Click or tap on the grey boxes below to choose your selection. | | | | |
| Level of Integration of Goal Application | |  | |  |
| **For each application point that use the Planning Tool Below to describe how your area is planning and/or implementing each application point.** | | | | |
| **Application Point a:** Partners must create and use customer satisfaction tools, analyzing the feedback on a continual basis. | | | | |
| **Strategy for Application Point a:**  What specific tactics will we use to address the application point? | Click or tap here to enter text. | | | |
| **Key Players for Application Point a.**  Who is responsible? Who else should be involved? | Click or tap here to enter text. | | | |
| **Expected Outcomes for Application Point a.**  What will be the result of these strategies? | Click or tap here to enter text. | | | |
| **Timeline for Application Point a.**  What is the due date of each expected outcome? | Click or tap here to enter text. | | | |
| **Questions/Needed Assistance for Application Point a.**  What questions do you have? | Click or tap here to enter text. | | | |
| **Technical Assistance: Does your local area need technical assistance on Application Point a.?** | | | YES  NO | |
| **Technical Assistance: If YES, please specify.** | | | Click or tap here to enter text. | |
| **Application Point b.** Partners must conduct an evaluation using The IWIB Evaluation Toolkit to assess local service integration efforts and create evidence-based policymaking and system design. | | | | |
| **Strategy for Application Point b:**  What specific tactics will we use to address the application point? | Click or tap here to enter text. | | | |
| **Key Players for Application Point b.**  Who is responsible? Who else should be involved? | Click or tap here to enter text. | | | |
| **Expected Outcomes for Application Point b.**  What will be the result of these strategies? | Click or tap here to enter text. | | | |
| **Timeline for Application Point b.**  What is the due date of each expected outcome? | Click or tap here to enter text. | | | |
| **Questions/Needed Assistance for Application Point b.**  What questions do you have? | Click or tap here to enter text. | | | |
| **Technical Assistance: Does your local area need technical assistance on Application Point c.?** | | | YES  NO | |
| **Technical Assistance: If YES, please specify.** | | | Click or tap here to enter text. | |