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| Monthly Case Management Form  For Customers in Approved TAA Training  Trade Act of 1974, as Amended | | | | | | | |  | | | | | | | |
| 1. **Customer Information**   ***To be completed by the participant*** | | | | | | | | | | | | | | | |
| Participant’s Name  **James “Keith” Rogers** | | | Social Security Number or EKOS ID  **KY001563046** | | | | | | | | Period Covered (Month & Year) | | | | |
| Training Facility and Program  **Industrial Maintenance** | | | | | | | Completion Date (based on approved training plan)  March 30, 2020 | | | | | | | | |
| 1. **Required Benchmarks Part One**   *To be completed by the instructors* | | | | | | | | | | | | | | | |
| **Instructions**: Please complete the information for your class in the area provided. If the class is an online class or if the student can obtain a printout of grades through a reliable source, then a copy of the printout can be substituted for this section.  **Satisfactory Progress:** Please check “Yes” if the student is making satisfactory progress in your class.  **Tutoring:** Is tutoring recommended for this student? | | | | | | | | | | | | | | | |
|  | **Class** | **Instructor Signature** | | | **Satisfactory Progress** | | | | **Tutoring** | | | | | | **Additional Comments** |
| 1 |  |  | | | Yes  No  Uncertain | | | | Yes  No | | | | | |  |
| 2 |  |  | | | Yes  No  Uncertain | | | | Yes  No | | | | | |  |
| 3 |  |  | | | Yes  No  Uncertain | | | | Yes  No | | | | | |  |
| 4 |  |  | | | Yes  No  Uncertain | | | | Yes  No | | | | | |  |
| 5 |  |  | | | Yes  No  Uncertain | | | | Yes  No | | | | | |  |
| 6 |  |  | | | Yes  No  Uncertain | | | | Yes  No | | | | | |  |
| My instructors for the following classes will not be completing this portion because I am providing a printout of my grades: | | | | | | | | | | | | | | | |
| 1. **Required Benchmarks Part Two**   ***To be completed by the academic advisor or other authorized school official*** | | | | | | | | | | | | | | | |
| 1. Is this student currently on academic probation? 2. Is this student currently enrolled fulltime? 3. Has the student changed his/her major this semester/quarter? 4. Has the student added or dropped any classes this semester/quarter? 5. Based on the information you currently have available, is it possible for the student to complete their degree program by the completion date listed in section A? | | | | | | | | | | | | Yes  No  Yes  No  Yes  No  Yes  No  Yes  No | | | |
| School Official’s Printed Name and Title | | | | | | School Official’s Signature | | | | | | | Date | | |
| A school official is not completing part C because the required information is attached. | | | | | | | | | | | | | | | |
| 1. **Additional Benchmarks & Student Comments**   ***To be completed by the Case Manager and training participant****.* | | | | | | | | | | | | | | | |
| **Additional Benchmarks Previously Established**   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | **Benchmarks met?**  Yes  No  Yes  No  Yes  No | | | |
| **Student Comments:** | | | | | | | | | | | | | | | |
| **Student Signature:** | | | | | | | | | | **Date:** | | | | | |
| 1. **Attendance Form (Optional)**   ***To be completed by the training participant .if required by WIA*** | | | | | | | | | | | | | | | |
| Month: \_\_\_\_\_\_\_\_\_\_\_\_\_  Please circle the days that you attended classes or scheduled events for your training program:  1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16  17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 | | | | | | | | | | | | | | | |
| 1. **For Office Use Only**   ***To be completed by the case manager*** | | | | | | | | | | | | | | | |
| 1. The participant…    * Met all established benchmarks.    * Did not meet all established benchmarks for the first time.    * Did not meet all established benchmarks for the second time in a row and chose to amend their training plan.    * Did not meet all established benchmarks for a second time in a row and is continuing their current training plan. Information sent to the TRA Unit. 2. Additional Benchmarks added based on customer need    1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. The next Monthly Case Management form is due \_\_\_\_\_\_\_\_\_\_\_\_:    * This is within 30 days from the date on this form.    * This is within 60 days (for scheduled breaks in training greater than 30 days only). 4. Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| 1. **Case Manager’s Acknowledgement**   *To be completed by the case manager* | | | | | | | | | | | | | | | |
| Case Manager’s Printed Name | | | | Case Manager’s Signature | | | | | | | | | | Date | |