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| Monthly Case Management FormFor Customers in Approved TAA TrainingTrade 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 1617 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| 1. **Case Manager’s Acknowledgement**

*To be completed by the case manager* |
| Case Manager’s Printed Name | Case Manager’s Signature | Date |