

Competitive Assessment  
Of  
Occupational Skill Training for WIA Youth Program

Name:		SSN:		
Family Type:	<input type="checkbox"/> Younger Youth	<input type="checkbox"/> Older Youth		
Does participant's objective assessment indicate that occupational skill training is appropriate?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Name the type of occupational skill training program the participant will be attending?				
<b>Primary Comparison</b>				
	Training Provider #1	Training Provider #2	Training Provider #3	Training Provider #4
School Name:				
School Location:				
Course Length:				
Certificate/Degree: Y or N				
Program Cost:				
Program Completion Rate:				
Program Employment Rate:				
<b>Please indicate below which training provider was chosen and provide justification for your selection.</b>				

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WIA Case Manager Signature

\_\_\_\_\_

Date