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| **POCONO COUNTIES WORKFORCE INVESTMENT AREA****YOUTH PROGRAM ELEMENTS**  |
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| **Name:** | Deliann McFadden |  | **Participant ID#:** | 3462066 |
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| **YOUTH PROGRAM ELEMENTS RECOMMENDED** |
| **Element** |  |  |  **Provider/Referral** |
| Dropout Prevention | [ ]  Yes [ ]  No [x]  N/A | HS Graduate |
| Alternative Ed/Dropout Recovery | [ ]  Yes [ ]  No [x]  N/A |       |
| Work Experience | [ ]  Yes [ ]  No [x]  N/A | Has employment history |
| Occupational Skill Training | [x]  Yes [ ]  No [ ]  N/A | CCTI |
| Concurrent Ed for Specific Occupation | [ ]  Yes [x]  No [ ]  N/A |       |
| Leadership Development | [ ]  Yes [ ]  No [x]  N/A |       |
| Supportive Services | [ ]  Yes [ ]  No [x]  N/A |       |
| Adult Mentoring | [ ]  Yes [ ]  No [x]  N/A |       |
| Follow-up Services | [x]  Yes [ ]  No [ ]  N/A | CCWT |
| Comprehensive Guidance/Counseling | [x]  Yes [ ]  No [ ]  N/A | CCWT |
| Financial Literacy Education | [ ]  Yes [x]  No [ ]  N/A |       |
| Entrepreneurial Skills Training | [ ]  Yes [ ]  No [x]  N/A |       |
| Labor Market/Employment Information | [x]  Yes [ ]  No [ ]  N/A | CCWT |
| Transition to Post-Secondary Education/Training | [x]  Yes [ ]  No [ ]  N/A | CCTI |

COMMENTS:

Deliann is applying to be accepted into the Nurse Aide Class at CCTI and has been approved for WIOA ITA services. Upon successful completion of her training she will be pursuing employment in this occupation.

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| Staff Signature |  | Date |