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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  N/A | | HS Graduate | | | | |
| Alternative Ed/Dropout Recovery | | Yes  No  N/A | |  | | | | |
| Work Experience | | Yes  No  N/A | | Has employment history | | | | |
| Occupational Skill Training | | Yes  No  N/A | | CCTI | | | | |
| Concurrent Ed for Specific Occupation | | Yes  No  N/A | |  | | | | |
| Leadership Development | | Yes  No  N/A | |  | | | | |
| Supportive Services | | Yes  No  N/A | |  | | | | |
| Adult Mentoring | | Yes  No  N/A | |  | | | | |
| Follow-up Services | | Yes  No  N/A | | CCWT | | | | |
| Comprehensive Guidance/Counseling | | Yes  No  N/A | | CCWT | | | | |
| Financial Literacy Education | | Yes  No  N/A | |  | | | | |
| Entrepreneurial Skills Training | | Yes  No  N/A | |  | | | | |
| Labor Market/Employment Information | | Yes  No  N/A | | CCWT | | | | |
| Transition to Post-Secondary Education/Training | | 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 |