LOWCOUNTRY WORKFORCE INVESTMENT AREA INSTRUCTION MEMO: #56

TO: Lowcountry Workforce Investment Area (LWIA)
Contractors/Service Providers/Sub-recipients/One-Stops

ISSUANCE DATE: September 9, 2010
EFFECTIVE DATE: September 9, 2010
SUBJECT: Participant Guidelines & Expectations, Satisfactory Progress for Training and Support Services
EXPIRATION DATE: Indefinite

PURPOSE: To issue the Lowcountry Workforce Investment Board’s policy, expectations and guidelines on Satisfactory Progress for training and support services.

POLICY: Effective immediately, the definition of satisfactory progress for the Lowcountry Workforce Investment Area will be as follows:

Remedial Training
- Participant is tested at least every six (6) months;
- Participant shows improvement (gains evaluated on an individual basis);
- Participant abides by the attendance policy of the training provider;
- Participant abides by the PARTICIPANT GUIDELINES & EXPECTATIONS FOR SATISFACTORY PROGRESS FOR TRAINING AND/OR SUPPORT SERVICES.

Occupational Training
- Participant attains/maintains a cumulative grade point average of 2.0 (or higher if required by the curriculum and/or training provider);
- Participant abides by the attendance policy for the training provider;
- Participant abides by the PARTICIPANT GUIDELINES & EXPECTATIONS FOR SATISFACTORY PROGRESS FOR TRAINING AND/OR SUPPORT SERVICES.

Case managers must ensure participants are provided the academic and attendance requirements prior to the start of training. Case managers will monitor participants against the requirements on an ongoing basis and will immediately notify the LWIA, in writing, of all instances of non-compliance and revocation decisions.

PROCESS: Case Managers are responsible for ensuring that all active participants are aware of this policy. Each participant will have to initial the form, PARTICIPANT GUIDELINES & EXPECTATIONS FOR SATISFACTORY PROGRESS FOR TRAINING AND/OR SUPPORT SERVICES, where applicable. After initialing the form, each participant is required to sign and date the form. The Case Manager will sign, date, copy the signed form, and give the copy to the participant. The original will be maintained in the hard copy participant file in the Training Section. This process applies to all participants who have a training or support service activity open now and for all new training and support service activities. Training and Support Service activities are defined by the State and are
ACTION: Effective immediately all Lowcountry Workforce Investment Area staff will implement and comply with this instruction, as well as any related instructions. This information and the related requirements must be communicated and reviewed by all appropriate local area staff in the local area including staff and contractors of WIA and TAA, Workforce Investment Board (WIB) staff, and the One-Stop Operators. All requirements must be implemented and adhered to. A copy must be maintained in a central location. All decisions by the LVIA are final; the LWIA has the authority to waive requirements on an individual basis and with justification of extenuating circumstances.

CONTACT: Questions regarding this instruction should be directed to Shelly Campbell, Lowcountry Workforce Investment Area, Lowcountry Council of Governments, Post Office Box 98, Yemassee, SC 29945, scampbell@lowcountrycog.org.

Jamie Wood
Workforce Development Director
PARTICIPANT GUIDELINES & EXPECTATIONS FOR SATISFACTORY PROGRESS
FOR TRAINING AND/OR SUPPORT SERVICES

In order to help you achieve your employment and self-sufficiency goal, it is imperative that you work with the workforce development staff. You must be committed to achieving your goals and demonstrate worthiness of the public resources invested in your future.

Your signature at the bottom of this document indicates your understanding of and agreement to follow the Participant Guidelines & Expectations for Satisfactory Progress set forth herein; as designed to help you achieve your desired goals.

________________________________________________________________________ (write in full name and last 4 ssn)

Please initial each item.

____ I understand that my training, support service, and/or other activity(ies) may be revoked at any time if I fail to fully comply with all the expectations herein and any other expectations and/or requirements that may be communicated to me at a later date or through a separate document. All determinations reside solely with the LWIA and all decisions are final.

I understand my training and/or support service activity(ies) are dependent on availability of federal funds allocated and available to the local area and these funds can be rescinded or modified at any time, by the local area, the SC Department of Employment and Workforce, or the US Department of Labor.

____ I understand that support services are not “stand alone” activities and approval and receipt are dependent upon many factors, including my participation in other concurrent activities and, as necessary, for me to participate.

____ I will notify my Case Manager if considering changing program curriculums, dropping or adding classes, or if I think I may be in danger of failing any classes.

____ I will submit grades and class schedules to my Case Manager each term/semester immediately upon receipt.

____ I will maintain a cumulative 2.0, (or higher if required by the curriculum and/or training provider).

I have read and understand the Training Provider’s policies regarding attendance, academic progress, sample curriculum, etc. (example: college catalog, recruitment materials, etc.).

A copy of the approved curriculum from the Training Provider is attached.

____ I will not enroll in classes that are outside the Training Provider’s approved curriculum attached.

____ I will attend training full time as defined by the Training Provider (for example 12 hours), unless I have received advance permission from the LWIA based on extenuating circumstances (employment, etc.) to attend less than full-time. Full time status must be reviewed each term/semester.

____ I will attend class as required by my Training Provider AND I will submit attendance sheets to the LWIA as outlined herein.

____ If I attend Remedial Training I will complete all tests/assessments as scheduled, but at a minimum I will complete at least one test/assessment every six (6) months. I will submit all test results to my Case Manager immediately upon receipt and I will show improvement/gains in my scores.

____ If I attend training that is eligible for financial aid, I will provide a financial aid award letter each academic school year. I understand no training or support services will be authorized until the LWIA receives the letter.
I will submit attendance and/or all support service requests, documentation and forms to my Case Manager no later than the 7th of each month. I understand that any attendance and/or support service requests, documentation, forms submitted after the 7th may result in the forfeiture, disallowance, and non-payment of support services for the period.

I will immediately notify my Case Manager if there is a change in address, phone number, circumstances, financial aid or other program eligibility, employment status (including employer name & address, hire date, starting wage, ending date, etc.), household, etc. If change in address results in change to support services verification is required: (lease, utility bill in your name, or other form of verification as required by your Case Manager.)

I will maintain contact with my Case Manager as scheduled. This may be more than, but not less than, monthly through telephone, email or through office visits; further a minimum of quarterly face-to-face office visits is required.

I will provide my Case Manager with a copy of the earned credential (diploma, certificate, license, etc.) once training has been completed.

I will maintain contact with the LWIA for one year after exiting the program, usually at least quarterly.

LWIA funds may not be used to repeat a failed or dropped class.

Once I receive training and/or support services; I may not be eligible for future training and/or support services.

I am expected to complete training in the allotted timeframe for such curriculum. Any extensions beyond such time must be approved by the LWIA.

Extensions to support services must also be approved by the LWIA and the approval of an extension to training may not necessarily result in a similar extension to support service(s).

I have received counseling and understand the current LWIA Support Services (#38) and Training (#22) Policies and will comply with all provisions therein.

I understand the LWIA is investing in me to help me on a path of self-sufficiency. I will fully commit my time and efforts in working toward the goals that have been mutually agreed to by me and my Case Manager. I realize my Case Manager and the LWIA has my best interest in mind and that all plans will be jointly developed and followed.

I have had all my questions answered fully regarding the expectations outlined in this document. I understand and will comply with everything that is expected of me.

I understand that failure to comply with the expectations herein and any other expectations and/or requirements that may be communicated to me at a later date or through a separate document may result in the loss of my training and other financial assistance, including support services I may receive from the LWIA.

Signature of Client ______________________  Printed Name of Client ______________________  Date ______

I have provided a comprehensive explanation of this document to the above signed client. I have answered any and all questions set forth by the client. Client fully understands the expectations and has agreed to comply as outlined in this document.

Signature of Case Manager ______________________  Printed Name of Case Manager ______________________  Date ______

LWIA #56 Expectations & Guidelines Training & SSV