**ELIGIBLE TRAINING PROVIDER/PROGRAM PERFORMANCE**

**Re-certification 2019-2020**

**SOUTH CENTRAL WORKFORCE DEVELOPMENT BOARD**

**Provider Name:**

**Provider Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I. Updated Program Information or Revised Costs (please describe below):**

**II. Please provide the following information by program for each of the outcomes listed below. Data will be validated annually through reports from the Virginia Workforce Connection.**

 **A. Training Completion Rate (must meet or exceed 50%):**

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| --- | --- | --- | --- |
| **Program** | **# Enrolled in Training** | **# Successful Completers** | **Training Completion Rate (%)** |
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**B. Credential Attainment Rate (must meet or exceed 65%):**

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| **Program** | **# Successful Completers** | **# Attained a****Credential** | **Credential Rate Attainment (%)** |
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**C. Entered Employment Rates: The Local Board will use the employment rates of those enrolled in training during the 2nd and 4th quarter after the participant is exited from the WIOA program when considering the re-certification of a training vendor. Provide the employment information below by program:**

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| --- | --- | --- | --- |
| **Program** | **# Enrolled in Training** | **# Employed at Completion of Training** | **Employment Rate (%)** |
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**Please list the names of the employers who hired the trained participants:**

**D. Post Training Earnings: The reported earnings will be reported as the median earning for those employed in the 2nd quarter after exit. Please provide the earnings using the Number Employed at Completion of Training (in III. above) and listing each wage in increasing order (by amount of wage) and the number of persons earning that amount.**

COMMONWEALTH OF VIRGINIA

ANNUAL REVIEW MONITORING TOOL

Eligible Training Provider

Date: Contact’s Name: Title:

Training Provider’s Name:

Training Provider’s Address

*Equal Opportunity Policy Adherence:*

1. Do you have a grievance procedure, which includes discrimination complaints? 🞏 Yes 🞏 No

If no, please describe how discrimination complaints would be handled.

1. Do you have the Equal Opportunity is the Law poster prominently displayed? 🞏 Yes 🞏 No
	1. If you do have the Equal Opportunity is the Law poster prominently displayed, where is it located?
2. Do you have a policy for serving students with disabilities? (provide a copy) 🞏 Yes 🞏 No

If no, please describe how you would ensure that students with disabilities would have equal access to training programs.

1. Do you have a policy for serving students with limited English proficiency? 🞏 Yes 🞏 No

(provide a copy) If no, please describe how you would ensure that individuals with limited English proficiency would have equal access to training programs.

5. Do you ensure that training is provided in the most accessible setting? 🞏 Yes 🞏 No

 Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Equal Opportunity Employer/Program. Auxiliary Aids and services available upon request to individual with disabilities.