



HIGHLY CONFIDENTIAL

Suitability Review for Training Applicants

(review & documents provided by Counselor)

APPLICANT _____ COUNSELOR _____

PROVIDER/PROGRAM/DATES _____

NY# _____

1. According to the training application packet and pre-requisite criteria indicated for the specific occupational course or certificate desired, does s/he meet the WIA eligibility criteria for training?
 - a. Yes
 - b. No _____
2. What is the current labor market outlook for the goal? _____
Source(s) _____
3. Has the Applicant, in the process of working with you or any other CSS WFNY partner staff member witnessed or provided documentation that the customer has **NOT** provided any of the following:
 - a. Good time management skills _____
 - b. Exhibit respect towards others _____
 - c. Complete and accurate information _____
 - d. Following directions _____
 - e. Willingness and diligence to progress _____
 - f. Demonstrated perseverance _____
 - g. Been honest & trustworthy _____
 - h. Good organizational skills _____
 - i. The ability to listen & multi-task _____
4. Has the Applicant utilized any funding assistance from CSS WFNY? Yes No
For what/when? _____
5. Has the proposed Training Provider accepted the Applicant's request to participate in the proposed training program, including meeting any academic requirements or pre-requisites? Yes No
If yes, attach. If not, what was lacking? _____



6. After considering all prior educational and work experience(s), in your own words explain the documented skill competency gap that exists between what the Applicant currently holds and what the Applicant will be able to demonstrate after successful completion of the proposed training?

Was there a specific assessment used in determining this skill gap? Yes No

If so, please list. _____

What Aptitude Assessment(s) have been utilized? When and what were the results?

Math _____

Reading _____

Interest Inventory _____

Mechanical Aptitude _____

Transferrable Skills _____

Credentials _____

7. What are the transferable skills the applicant needs to (a) secure long term employment at a (b) wage level sufficient to meet her/his needs?

Skills/Educational Requirements _____

Desired Wage _____

8. Following discussions, has a solid plan been developed that addresses the customer's basic needs? What is the plan for the following items?

Financial Stability throughout ENTIRE training period – Income/Budget Plan is: _____

Transportation Plan for Training and post-training Employment is: _____

Training Costs/Supportive Services Plan is: _____

If applicable, Childcare Plan is: _____



Short-term Employment Plan is: _____

Long-term Employment Plan is: _____

9. How many times have you corresponded with the customer? _____

What were the methods of communication? _____

10. On a scale of 1-5 (1-lowest, 5-highest) do you believe that the above customer is currently prepared to enter and with the support of WIA funding will complete the training?

Recommend Selection (at this time) _____ Scale - _____

Recommend Selection (at a later date) _____ Scale - _____

Do not Recommend _____ Scale - _____

Counselor: In your own words, please write a brief summary of why you believe the customer would or would not benefit from WIA funded training at this time.

As the CSS WFNY Counselor, I attest that the information shared in the preparation of this Suitability Review is accurate and complete, and does not contain any false, misleading or incomplete information.

(Counselor)

(Date)