

**WIA PROGRAM ELEMENTS WORKSHEET
SOUTHCENTRAL MISSISSIPPI WORKS**

Participant's Name

SSN

Date

The abo Y e named participant must be assessed by the contractor's designated staff for needs according each of the elements described below. Each element must be marked either "yes" or "no" for the speci participant, with a justification or description of need - plus referral information (if appropriate) provic in the "comments" column. Any and all referrals and ongoing comments with regard tnthese program elements shall be described in the case notes section of the participant's individual *file*.

YES NO

PROGRAM ELEMENT

COMMENTS

Tutoring, study skills training
and instmction

Alternative secondary school
Services.

Summer employment opportunities
that are directly linked to academic
and occupational learning.

As appropriate, paid and unpaid
work experiences, including
internships and job shadowing.

YES NO

— —

Occupational training skills, as appropriate.

— —

Leadership development opportunities, which may include community service and peer-centered activities encouraging responsibility and other positive social behaviors during non-school hours, as appropriate.

— —

Supportive services.

— —

Adult mentoring for the period of participation and a subsequent period, for a total of not less than 12 months.

— —

Follow-up services for not less than 12 months after the completion of participation, as appropriate.

— —

Comprehensive guidance and counseling, which may include drug and alcohol abuse counseling and referral, as appropriate.

I certify that as a participant in this program administered by DREAM, Inc and funded through the Central Mississippi Planning and Development District, I understand that the above stated program elements marked "yes" will be provided to me and that the program elements marked "no" will not be provided to me during my participation in this program. Furthermore, I certify that the above stated program elements have been explained to me and that I understand each program element.

Participant's signature

Date

I certify that as the responsible coordinator/case manager for the participant disclosed above for this program administered by DREAM, Inc. and funded through the Central Mississippi Planning and Development District that I have objectively evaluated each of the program elements stated above. Furthermore, I certify that I have explained each of these program elements to the above stated participant and have disclosed to such participant which program elements will be provided and which program elements will not be provided during said participant's participation in this program.

Coordinator/case manager's signature

Date