

HVRP Manual Sample Forms

This a sample form and **does not** mean NVTAC or US DOL-VETS endorses this form as required, or as an approved form. This form was one of many that were collected from service providers and is only intended to help program planners develop forms and tools that will serve the needs of their program.

Adult/Dislocated Worker Training Plan

Participant Name:	Social Security:
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Training Goal:	Est. Start Date: Est. Completion Date:
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Provider of Training
<input type="checkbox"/> Verified on Eligible Training Provider (ETP) List <input type="checkbox"/> Verified on Vendor List. If not complete W9

How did the participant arrive at his/her training goal and selection of the training provider? *Include things like employer visits, occupational exploration, interest inventory, visits to training institutions, etc.*

Identify the WIA activity, service, or combination of services that will be necessary to support this training goal and obtain employment.

Training Goals

Identify specific tasks or assignments that must be completed in order for the participant to achieve his/her goal(s). *Include such things as "apply for financial aid, attend training facility orientation, maintain 2.5 GPA, submit monthly attendance forms, confirm childcare and transportation arrangements, review partner agency involvement, etc.*

Task or Assignment	Est. Completion	Outcome

Participant Signature	Date	Case Manager's Signature
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