

State of Oregon
DEPARTMENT OF COMMUNITY COLLEGES AND WORKFORCE DEVELOPMENT
Public Services Building
255 Capitol NE, Suite 300, Salem, OR 97310-1341
(503) 378-8648

**APPLICATION FOR ELIGIBLE TRAINING PROVIDER CERTIFICATION
UNDER THE WORKFORCE INVESTMENT ACT OF 1998**

PART I (School/Institution/Organization Information)
PART II (Program or Course of Study Information)

INTRODUCTION:

The Workforce Investment Act of 1998 Eligible Training Provider certification process is intended to develop a statewide roster of training providers offering programs specifically certified to meet the level of quality education and training necessary to meet the requirements of the Act, the needs of the current and emerging workforce, and the accountability and performance measures demonstrating continuous improvement in both education and results.

A program of training services or a course of study for job training purposes is designed to prepare persons with the skills and knowledge to enter employment in a specific occupation or group of occupations. Programs and courses of study vary in length depending on the current knowledge of the individual participant and the skills necessary for employment in the particular field.

INSTRUCTIONS

Federal Higher Education Act of 1965 Title IV eligible institutions and apprenticeship programs approved through the National Apprenticeship Act are not required to submit Part III information to be approved as eligible training providers for the first year of the Act. However, the application materials relating to individual programs of study must be completed for each program to be included in the eligible training provider listing.

Institutions that are not Title IV eligible or approved under the National Apprenticeship Act must complete the application (PART I and II) as well as demonstrate their ability to meet the eligible training provider certification criteria in section PART III below to be considered for certification as an eligible training provider.

Complete the application and, as required, the criteria and standards (see Part I for instructions for application parts to be submitted). Contact the staff for the local/regional workforce investment board (see list of workforce investment board contacts) if you have questions. Application packages will be submitted either electronically or by mail. The timelines for submission are included in the Timelines for the Oregon Eligible Training Provider Certification System included in the packet. Applications submitted by May 19, 2000 will be included on the Initial Certified Eligible Training Provider List on July 1, 2000. Applications submitted by June 9th will be included on the updated list available on July 17, 2000.

A separate Part II of the application must be submitted for each program. (WIA Act Section 122(2)(D))

State of Oregon
Department of Community Colleges and Workforce Development
ELIGIBLE TRAINING PROVIDER CERTIFICATION APPLICATION

PART I – SCHOOL/INSTITUTION/ORGANIZATION INFORMATION

Complete Part I for the Institution. Complete and attach a Part II (Program/Course of Study Information) for each program submitted for certification.

1. Name of Training Institution or Organization:	
2. Location:	

3. Name of Contact Person(s):	
-------------------------------	--

4. Mailing Address:		5. City:	
6. County:		7. State:	
8. Zip Code:			
9. Phone:		10. FAX:	
11. TDD:			
12. E-Mail:		13. Web Site Address:	

14. TYPE OF INSTITUTION INSTRUCTIONS: 1) Identify your institution/organization type in column 2; 2) In column 1, mark your institution/organization type; 3) In columns, 3, 4 and 5, note the materials required to be submitted for your institution type; 4) Complete the materials identified in columns 3, 4 and 5 prior to submitting application Parts 1, 2 and 3.

1	2	3	4	5
X	TYPE OF INSTITUTION/ORGANIZATION	Part I School/ Institution/ Organization Information	Part II Program/ Course of Study Information	Part III Performance Criteria, Indicators and Evidence
	Oregon Licensed Private Career School (Not Title IV Eligible)	X	X	X
	Oregon Licensed Private Career School (Title IV Eligible**)	X	X	
	Oregon Community College	X	X	
	Registered Apprenticeship Programs under the "National Apprenticeship Act" or approved by the Oregon Bureau of Labor and Industries (BOLI) Apprenticeship and Training Division (A&TD)	X	X	
	Apprenticeship Programs not Registered under the "National Apprenticeship Act" nor approved by BOLI A&TD	X	X	X
	Oregon University System Institution	X	X	
	Oregon Independent College and Universities (Not Title IV Eligible)	X	X	X
	Oregon Independent College and Universities (Title IV Eligible)	X	X	
	Office of Degree Authorization Institution (Not Title IV Eligible)	X	X	X
	Office of Degree Authorization Institution (Title IV Eligible**)	X	X	
	Other—please specify	X	X	X

15. INSTITUTIONAL ACCREDITING BODY (enter in #15.a., if applicable):	15.a. _____ 15.b. Accreditation recognized by U.S. Department of Education YES [] NO []
-------------------------------------------------------------------------	----------------------------------------------------------------------------------------------

16. INSTITUTIONAL LICENSING BODY (enter in #16.a., if applicable)	16.a. _____
----------------------------------------------------------------------	-------------

17. Federal Interagency Commission on Education (FICE) Code (enter in 17.a., if applicable)	17.a. (FICE Code)	18. Federal Employer Identification Number (FEID/FEIN) (enter in 18.a., if applicable)	18.a. FEID/FEIN Number
---------------------------------------------------------------------------------------------	-------------------	----------------------------------------------------------------------------------------	------------------------

**Postsecondary educational institution eligible to receive funds under Title IV of the Higher Education Act (HEA).

19. LOCATION TO WHICH APPLICATION IS BEING SUBMITTED. Please identify below (X) the Local or Regional Workforce Investment Board (L/R WIB) to which you are submitting your application materials for eligible training provider certification. Note: The list of contacts for each region is included in the mailing and will be on the state web site.

X		L/RWIB Region	Counties in Region
	19a	2	Multnomah, Tillamook, Washington
	19b	3	Marion, Polk, Yamhill
	19c	4	Benton, Lincoln, Linn
	19d	5	Lane
	19e	8	Jackson, Josephine
	19f	15	Clackamas
		Balance of State	All Other Oregon Counties (see below)
	19g1	1	Clatsop, Columbia
	19g6	6	Douglas
	19g7	7	Coos, Curry
	19g9	9	Gilliam, Hood River, Sherman, Wasco, Wheeler
	19g10	10	Crook, Deschutes, Jefferson
	19g11	11	Klamath, Lake
	19g12	12	Morrow, Umatilla
	19g13	13	Baker, Grant, Union, Wallowa
	19g14	14	Harney, Malheur

State of Oregon
Oregon Department of Community Colleges and Workforce Development
ELIGIBLE TRAINING PROVIDER CERTIFICATION APPLICATION

PART II – PROGRAM or COURSE of STUDY INFORMATION

COMPLETE THE FOLLOWING
FOR EACH PROGRAM/COURSE OF STUDY BEING SUBMITTED

20. Training Institution/Organization Name	20a.
--------------------------------------------	------

21. Name of Program	21a.
---------------------	------

22. Classification of Instructional Program (CIP) Number/ Name	22a. CIP NUMBER	22b. CIP Name
----------------------------------------------------------------	-----------------	---------------

23. PROGRAM/COURSE OF STUDY DESCRIPTION AND OBJECTIVES

24. ADMISSION REQUIREMENTS (please list)

25. CREDIT IS GIVEN FOR PRIOR LEARNING EXPERIENCE: ()YES ()NO

26. LENGTH OF PROGRAM IN WEEKS	26a.
--------------------------------	------

27. TOTAL NUMBER OF CLOCK HOURS IN PROGRAM		27a.	
27b. Classroom Hours		27d. Laboratory Hours	
27c. Field Experience Hours		27e. Other (please specify)	

28. PROGRAM TOTAL CREDIT HOURS (if applicable)			28a.
28b. Quarter Hours	()Yes () No	28c. Semester Hours	()Yes () No

29. AWARD FOR PROGRAM/COURSE OF STUDY (mark only the one that applies to this application)				
	Certificate of Completion		Advanced Degree	Industry Certification
	Associate Degree		Achievement Award	Occupational License
	Baccalaureate Degree		Journeyman Status	Other (Please specify)

30. LOCATION(S) WHERE OFFERED

Location	Address	City/Zip	Phone

31. PROGRAM OFFERED AT THE FOLLOWING TIMES (mark all that apply)

<input type="checkbox"/>	Morning	<input type="checkbox"/>	Evening
<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Week-end
<input type="checkbox"/>	Morning and Afternoon	<input type="checkbox"/>	Other (please identify)

32. NEW PROGRAM BEGINS: (mark all that apply)

<input type="checkbox"/>	On-demand	<input type="checkbox"/>	Quarterly
<input type="checkbox"/>	Each 1-3 Weeks	<input type="checkbox"/>	Semi-annually
<input type="checkbox"/>	Each 4-6 Weeks	<input type="checkbox"/>	Annually
<input type="checkbox"/>	Each 7-10 Weeks	<input type="checkbox"/>	Other (please identify)

33. MODES OF INSTRUCTION UTILIZED (mark all that apply):

<input type="checkbox"/>	Lecture	<input type="checkbox"/>	Distance Education (Video)
<input type="checkbox"/>	Lecture/Lab	<input type="checkbox"/>	Distance Education (Modem-based)
<input type="checkbox"/>	Lab	<input type="checkbox"/>	Cooperative Work Experience
<input type="checkbox"/>	Individualized Instruction	<input type="checkbox"/>	Internships
<input type="checkbox"/>	Skill Development at Job Site with a Journeyman	<input type="checkbox"/>	Other (please specify)

34. METHODS OF STUDENT PERFORMANCE EVALUATION (mark all that apply)

<input type="checkbox"/>	Multiple choice tests	<input type="checkbox"/>	Open-ended essays
<input type="checkbox"/>	Certification assessments	<input type="checkbox"/>	Portfolios
<input type="checkbox"/>	State/federal licensure assessments	<input type="checkbox"/>	Work samples
<input type="checkbox"/>	Program exit exam/assessments	<input type="checkbox"/>	Structured work experiences
<input type="checkbox"/>	Projects	<input type="checkbox"/>	Other (please identify)

35. Describe your experience in serving individuals with barriers to success. Describe the special population(s) served, the strategies used and the level of success with the populations served.

36. AVERAGE COST FOR A STUDENT TO COMPLETE THE PROGRAM (include all program costs)

Items	Cost
Tuition	\$
Registration Fees	
Additional Fees	
Books and Materials	
Tools and Equipment	
Specialized Clothing or Uniform	
Other (Please identify)	
TOTAL COST FOR PROGRAM	\$

PART II – PROGRAM/COURSE of STUDY INFORMATION (continued)

37. PROGRAM COSTS EFFECTIVE DATES:

Program costs effective dates: (MMDDYY)	From:		To:	
-----------------------------------------	-------	--	-----	--

38. Identify certification and/or licensure required for occupation/career

I agree to provide the performance and reporting data as required and I attest that the information provided herein is complete and accurate.

_____	Person Completing Part III of the Application
_____	Person Authorizing Submission of the Application
_____	Phone Number of Person Authorizing Submission
_____	Date

State of Oregon
Department of Community Colleges and Workforce Development
ELIGIBLE TRAINING PROVIDER CERTIFICATION APPLICATION

PART III –PERFORMANCE CRITERIA, INDICATORS AND EVIDENCE

PART III: Year 2000: To be completed only by those education and training organizations that are NOT automatically eligible for certification in Program Year 2000 – 2001. The Criteria form (Part III of application) is to be submitted, along with Parts I and II of the Application, to the appropriate Local or Regional Workforce Investment Board. The Board to receive the completed application was identified in Part I (#19). Remember that a Part II (Program Specific Information) application must be submitted for each program to be included on the Eligible Training Provider Certification list.

NAME OF EDUCATION/TRAINING ORGANIZATION	
-----------------------------------------	--

PRIMARY LOCATION ADDRESS			
CITY		STATE	
			ZIP CODE

PRIMARY MAILING ADDRESS If different than Primary Location above.			
CITY		STATE	
			ZIP CODE

NAME/TITLE OF CONTACT PERSON			
TELEPHONE NUMBER		FAX NUMBER	
			TDD

NUMBER OF YEARS OF EXPERIENCE IN EDUCATION AND/OR TRAINING	__ YEARS
------------------------------------------------------------	----------

I attest that the information provided herein is complete and accurate.	
	Name of Person Completing Part III of the Application
	Name of Person Authorizing Submission of the Application
	Phone Number of Person Authorizing Submission of the Application
	Date

INSTRUCTIONS FOR PART III

This section is to be completed and signed by education/training organization.

The education/training organization applying for Eligible Training Provider certification completes the three columns (Yes, No, Not Applicable) for the indicators and evidence for each of the eight Criterion beginning on the pages following the Summary of Criteria.

Once the eight criteria have been submitted by the institution, the Local Workforce Investment Board staff will review the responses from the training providers and determine if the provider meets or does not meet each criterion. A non-automatically eligible training provider must meet all eight criteria to be considered for certification as an eligible training provider.

SUMMARY OF CRITERIA

CRITERIA		
A	ORGANIZATIONAL CAPACITY	The training provider is a legal entity, accredited, licensed or otherwise approved, with the organizational, financial and planning systems and controls in place to ensure stability in training and education programs.
B	TRAINING SERVICES CAPACITY	The training provider demonstrates the capacity to offer education and/or training programs including the necessary resources and services to support student attainment of goals.
C	FOCUS ON EMPLOYMENT AND TRAINING NEEDS	The training provider offers programs that are implemented, operated and evaluated in cooperation with business, industry and labor.
D	FACILITIES, EQUIPMENT AND SAFETY	The training providers' facilities and equipment are regularly inspected to ensure that the facilities and equipment are safe, sanitary, accessible and provide an environment conducive to student achievement.
E	EMPLOYMENT OPPORTUNITIES	The training provider offers programs based on local, regional, state and/or national labor market statistics and forecasts demonstrating employment demand.
F	STUDENT EVALUATION AND MONITORING	The training provider has processes in place to assure continuous evaluation, monitoring and reporting of student performance during programs.
G	SPECIAL POPULATION SERVICES	The organization has the capacity to provide the necessary additional and supplemental services for special population students (not including "hard-to-serve populations") enrolled in education and training programs.
H	DEMONSTRATED PERFORMANCE	(1) 2000 – 2001: The training provider demonstrates the ability and willingness to collect and report performance outcome data for <u>all</u> students in a program in the aggregate and <u>all</u> WIA participants specifically and to participate in the development and implementation of common definitions, reporting requirements and performance standards.

TO BE COMPLETED BY L WIB STAFF		CRITERION A: ORGANIZATIONAL CAPACITY.			
MEETS []	DOES NOT MEET []	The training provider is a legal entity, accredited, licensed or otherwise approved, with the organizational, financial and planning systems and controls in place to ensure stability of training and education programs.	<u>TO BE COMPLETED BY ORGANIZATION</u>		
Indicators		Evidence	Yes	No	Not Applicable
A1. Organization is a legal entity.		A1. Documentation of legal status (proof of incorporation, Charter, cover page of IRS tax status document, etc.) on file and can be provided if requested.	[]	[]	[]
A2. Organization has written personnel policies.		A2. Personnel policies are on file and available for review if requested.	[]	[]	[]
A3. The organization has systems in place that provide for the necessary financial management and fiscal oversight to provide stable training and education programs.		A3. Financial management audits, policies and procedures are on file and copies are available for review if requested.	[]	[]	[]
A4. The organization has a written conflict of interest policy.		A4. A copy of the conflict of interest policy is available for review if requested.	[]	[]	[]
A5. Organization has (or is able to obtain) at least \$500,000 liability insurance, motor vehicle insurance, and Worker's Compensation insurance.		A5. Copies of certificates of insurance or statement(s) from insurance agent(s) are available upon request.	[]	[]	[]
A6. Organization has a strategic or business plan in place to protect future funding, staffing, and operational needs.		A6. A copy of the strategic (long-range) planning document or business plan covering at least the current and next three (3) years is available if requested.	[]	[]	[]
A7. The organization is accredited, licensed or otherwise authorized to offer education and training programs within the state.		A7. Evidence of approval to offer education and training programs in Oregon is available if requested.	[]	[]	[]

<u>TO BE COMPLETED BY L WIB STAFF</u>		<u>CRITERION B: TRAINING SERVICES CAPACITY.</u>			
<u>MEETS</u>	<u>DOES NOT MEET</u>	The training provider demonstrates the capacity to offer education and/or training programs including the necessary resources and services to support student attainment of goals.	<u>TO BE COMPLETED BY ORGANIZATION</u>		
[]	[]				
Indicators		Evidence	Yes	No	Not Applicable
B1. The organization (or its principals) has a minimum of two years of experience in providing education and/or training services.		<i>B1. The organization or its principals are able to provide documentation of experience in providing quality education and/or training services, if requested. (Documentation could include: catalogs, brochures, Articles of Incorporation, Charter, accreditation reviews, licensure applications, resume of education and work experience for principals etc.)</i>	[]	[]	[]
B2. There are processes and procedures in place for regular review and evaluation of education and training programs by business, industry and labor representatives.		<i>B2. Copies of most recent advisory committee minutes and/or reports indicating the review and evaluation of programs are on file and available for review.</i>	[]	[]	[]
B3. Standards developed by business, industry and labor are used as a basis for the content of instructional programs.		<i>B3. The involvement of business, industry and labor representatives in the development, implementation and evaluation of instructional programs is documented, on file and available for review. Advisory committee names and records are on file and available for review, if requested.</i>	[]	[]	[]

CRITERION B: TRAINING SERVICES CAPACITY (continued).

Indicators	Evidence	Yes	No	Not Applicable
B4. Instructional materials are current, accurate and meet industry standards.	<i>B4. Processes utilized to continually review and update instructional materials are in place and are available for review upon request. (Example: Reports from program advisory committees.)</i>	[]	[]	[]
B5. The institution's information resources are sufficient to support the instructional programs offered and are readily accessible to students.	<i>B5. Policies and procedures are in place and available for review, that assure student access to necessary information resources supporting the instructional programs.</i>	[]	[]	[]
B6. Learning outcomes for instructional programs are clearly stated and available for students, prospective students, and employers.	<i>B6. Learning outcomes are provided in syllabi, catalogs, website listings, apprenticeship standards or other program documents and are available for review.</i>	[]	[]	[]
B7. The ratio of instructors to students in instructional programs (lecture, lab, classroom) is appropriate to the attainment of student education and training goals.	<i>B7. The instructor to student ratio for instructional programs meets or exceeds the commonly accepted standards for quality education and training programs. Standards utilized are available for review upon request.</i>	[]	[]	[]
B8. Instructors are qualified to teach the courses assigned and have the necessary program-related education, training and experience for those courses.	<i>B8. Documentation of instructor qualifications for the courses they are teaching is on file and available for review.</i>	[]	[]	[]
B9. The program review processes and procedures assure students are provided with the current skills necessary to succeed in the workplace.	<i>B9. Instructional program review processes and procedures are documented, on file and available for review if requested.</i>	[]	[]	[]

<u>TO BE COMPLETED BY L WIB STAFF</u>		<u>CRITERION C: FOCUS ON EMPLOYMENT AND TRAINING NEEDS.</u>			
<u>MEETS</u>	<u>DOES NOT MEET</u>	The training provider offers programs that are implemented, operated and evaluated in cooperation with business, industry and labor.	<u>TO BE COMPLETED BY ORGANIZATION</u>		
[]	[]				
Indicators		Evidence	Yes	No	Not Applicable
C1. The organization has policies in place to assure that recommendations on instructional programs are received on a regular basis from business, industry and labor representatives through advisory committees and other collaborative efforts.		<i>C1. Evidence is available demonstrating that policies are effectively implemented to obtain regular input from business, industry and labor representatives on instructional programs.</i>	[]	[]	[]
C2. The organization utilizes instructional advisory committee members to regularly provide information on the most current tools, equipment, procedures and processes used in business and industry environments.		<i>C2. Reports from advisory committees, apprenticeship committees, or other business, industry and/or labor employer groups indicating the review for currency of tools, equipment, procedures and processes used in occupations are available for review upon request.</i>	[]	[]	[]
C3. The equipment, tools and work-related procedures and processes used in training programs are industry-current.		<i>C3. Reports from business, industry and labor advisory groups demonstrate that work-related processes and procedures are regularly reviewed and that tool and equipment upgrade and replacement schedules are available for review upon request.</i>	[]	[]	[]

<u>TO BE COMPLETED BY L WIB STAFF</u>		<u>CRITERION D: FACILITIES, EQUIPMENT AND SAFETY.</u>			
<u>MEETS</u> []	<u>DOES NOT MEET</u> []	The training providers' facilities and equipment are regularly inspected to ensure that the facilities and equipment are safe, sanitary, accessible and provide an environment conducive to student achievement.	<u>TO BE COMPLETED BY ORGANIZATION</u>		
Indicators		Evidence	Yes	No	Not Applicable
D1. The facilities where education and training occur, including work experience activities, are accessible to persons with disabilities.		<i>D1. A facilities audit has been completed and is available for review demonstrating that the training facilities are accessible to persons with disabilities and policies are in place to make accommodations where necessary.</i>	[]	[]	[]
D2. The facilities where education and training occur, including work experience activities, meet safety, sanitary and health standards.		<i>D2. Inspection reports of compliance with appropriate safety, sanitary and health standards have been conducted and are available for review upon request. (Please complete the appropriate items below.) Date of last inspection by Fire Marshall _____ Date of last inspection by Oregon-OSHA _____ Inspection by Loss Control Professional _____ Date of last Health Department Inspection _____ Other inspections (please identify) _____ _____</i>	[]	[]	[]
D3. The ratio of employer representatives to trainees or journeymen to apprentices at the work site(s) is consistent with proper supervision, training and safety standards for the occupation(s). (For example, one journeyman/employer representative to three apprentices/trainees.)		<i>D3. The employer/journeyman to student/apprentice ratio meets the commonly accepted standards for quality education, training and/or apprenticeship programs. Reports of ratio and standards are available for review.</i>	[]	[]	[]

<u>TO BE COMPLETED BY L WIB STAFF</u>		<u>CRITERION E: EMPLOYMENT OPPORTUNITIES.</u>			
<u>MEETS</u>	<u>DOES NOT MEET</u>	The training provider offers programs based on local, regional, state and/or national labor market statistics and forecasts demonstrating employment demand.	<u>TO BE COMPLETED BY ORGANIZATION</u>		
[]	[]				
Indicators		Evidence	Yes	No	Not Applicable
E1. The organization has systems in place to assure that instructional programs are consistent with labor market needs of the local, regional, state and/or national labor market needs and forecasts.		<i>E1. Labor market information and surveys are reviewed on a regular basis to assure that reasonable employment opportunities are available to students completing instructional programs. Survey records are on file and available for review upon request.</i>	[]	[]	[]
E2. The organization has procedures and processes in place to regularly review the labor market demand for occupations in relationship to the labor market supply to assure that appropriate opportunities are available for students completing occupational programs.		<i>E2. Records indicate there is a regular review of labor market employment, replacement and expansion data for occupational programs offered. Advisory committee meeting minutes, contacts with the Employment Department and student follow-up data indicating the use of the labor market data are on file and available for review upon request.</i>	[]	[]	[]
E3. The organization has procedures and processes in place involving business, industry and labor representatives to identify emerging labor market skill needs and modify programs to meet those needs.		<i>E3. Evidence is available upon request demonstrating that industry trade associations, business, industry and labor representatives, apprenticeship councils and others assist the institution in identifying emerging labor market skill needs and in the adaptation of programs to meet those needs.</i>	[]	[]	[]

<u>TO BE COMPLETED BY L WIB STAFF</u>		<u>CRITERION F: STUDENT EVALUATION AND MONITORING.</u>			
<u>MEETS</u>	<u>DOES NOT MEET</u>	The training provider has processes in place to assure continuous evaluation, monitoring and reporting of student performance during programs.	<u>TO BE COMPLETED BY ORGANIZATION</u>		
[]	[]				
Indicators		Evidence	Yes	No	Not Applicable
F1. The organization has methods and strategies in place for the consistent and effective evaluation of student performance.		<i>F1. Business, industry and labor representatives have reviewed methods and strategies utilized to evaluate student performance and have determined that the methods and strategies used are consistent and effective in relating education/training performance to successful employment. Evidence of the reviews is available upon request.</i>	[]	[]	[]
F2. The organization has the capability to monitor and report student performance in a timely manner to the student and other appropriate persons and entities.		<i>F2. The processes, methods and procedures used to assure that student performance is reported in a timely manner are written, on file and available for review upon request.</i>	[]	[]	[]
F3. Policies and procedures are in place to assure that student record-keeping systems provide proper recognition for coursework completed and knowledge and skills attained.		<i>F3. Examples of student record-keeping and transcription are available for review if requested.</i>	[]	[]	[]

<u>TO BE COMPLETED BY L WIB STAFF</u>		<u>CRITERION G: SPECIAL POPULATION SERVICES.</u>			
<u>MEETS</u> []	<u>DOES NOT MEET</u> []	The organization has the capacity to provide the necessary additional and supplemental services for special population students (not including “hard-to-serve populations”) enrolled in education and training programs.	<u>TO BE COMPLETED BY ORGANIZATION</u>		
Indicators		Evidence	Yes	No	Not Applicable
G1. The organization provides tutorial and other supplementary services to assist students in successfully completing programs of study.		<i>G1. Catalog and other materials demonstrate the availability of tutorial and other supplementary services for students enrolled in programs.</i>	[]	[]	[]
G2. The organization has policies in place to make reasonable facility accommodations for individuals enrolled in training and education programs.		<i>G2. Policies demonstrating compliance with Americans with Disabilities Act (ADA) are in place and ADA policies and examples of facility accommodations provided for students are available upon request.</i>	[]	[]	[]
G3. The organization has policies in place to make reasonable instruction-related accommodations for individuals enrolled in training and education programs.		<i>G3. Policies demonstrating instruction-related accommodations are in place and examples of instruction-related accommodations are available on request (e.g. oral testing, classroom location, readers, signers and interpreters, specialized instructional materials).</i>	[]	[]	[]
G4. The training provider has the capacity to work with other agencies and organizations that are providing case management services to individuals enrolled in training and education programs.		<i>G4. The organization has policies and procedures in place that support student achievement through collaboration with case management services provided through agencies and other organizations.</i>	[]	[]	[]

<u>TO BE COMPLETED BY L WIB STAFF</u>		<u>CRITERION H: DEMONSTRATED PERFORMANCE.</u>			
<u>MEETS</u> []	<u>DOES NOT MEET</u> []	(1) <u>2000 – 2001</u>: Training provider demonstrates the ability and willingness to collect and report performance outcome data for <u>all</u> students in a program in the aggregate and <u>all</u> WIA participants specifically and to participate in the development and implementation of common definitions, reporting requirements and performance standards.	<u>TO BE COMPLETED BY ORGANIZATION</u>		
Indicators		Evidence	Yes	No	Not Applicable
H1. <u>2000 – 2001</u> : Training provider demonstrates the capacity and provides the assurance to collect and report performance outcome data listed below for: a) all students enrolled in eligible training programs; and b) all WIA participants in training programs.		H1. Training provider has signed and provided all of the appropriate assurances as part of the application procedures.	[]	[]	[]
H2. Training provider has agreed to participate in the development and implementation of common definitions, reporting requirements and performance standards.		H2. Training provider has provided the appropriate assurances as part of the application procedures.	[]	[]	[]

ghp:\eligible training provider\etppperformcriteriacorrected032200bc.doc