Tennessee Department of Labor and Workforce Development

TAA/WIA Training Assessment Referral

LWIA _____

Petition # _____

Claimant Name _____ SSN _____

Address _____ Phone _____

_____

Last Employer _____ Separation Date _____

☐ No suitable job opening as of _____

_____

TAA Staff Member

TITLE I STAFF

Please complete applicable items and return to TAA staff.

☐ Assessment and Individual Employability Plan (IEP) requested for TAA-eligible individual.
Assessment Scheduled _____ Assessment Completed _____

Current Enrollment/Prior Completion Title I Training

☐ Date applied for Title I training: _____
Date scheduled to enter training _____
Date entered training _____
Projected Completion Date _____
Training Job Title _____
Applied for PELL Grant ☐ YES ☐ NO Status of PELL _____
Name and Address of Training Facility: _____
_____
_____
_____

Training Completed: _____

Type of Training:
☐ Occupational Training
☐ Remedial Training (GED)
☐ On the Job Training

Training Is Recommended By Title I Staff:

☐ Occupational Training Type: _____ Funding Source: _____
Training Facility (if known) _____
☐ Remedial Training ☐ (OJT) (Explain) _____
☐ Other _____

Training Is <u>Not</u> Recommended By Title I Staff:

(Explain) _____
_____

_____	_____	_____	_____
LWIA Representative	*Date*	*Location*	*Phone*

LB-0738 (R.01/08)