

ASSESSMENT OF SCSEP HOST AGENCY TRAINING

Complete this document after each biannual/annual monitoring visit and email to Weldon.Floyd@tn.gov. If you have any questions please contact a Workforce Services Representative at 615-253-6723.

1. Agency Name _____
2. Participant Name _____
3. Host Agency _____
4. Training Assignment _____
5. Date of Eligibility _____

6. Check the appropriate recertification number and current date of durational limit in SCSEP.

1st Recertification 1. _____ (Current Date) 12 mo. Recertification

2nd Recertification 2. _____ (Current Date) Attach IEP and Training Description on 24mo, Recertification

3rd Recertification 3. _____ (Current Date) 36 mo. Recertification

7. Is the Host Agency interested in hiring this participant? YES NO
If NO, explain:

8. Has the participant mastered the skills relating to their training plan? If NO explain: YES NO

What detailed steps are you recommending to be taken that will benefit the participant in mastering the skills in their training plan?

(In your explanation determine how many months this will require and date of expected completion before the participant will be ready to move to advanced training or unsubsidized employment.)

9. Name of America's Job Center that is assisting this participant _____

10. Has the participant been documented as job ready? YES NO

11. If the answer to question 10 is YES, how many job searches is the participant turning in each week? _____

SCSEP Coordinator _____ Date _____