

Participant: _____ Original Start Date: _____ Close Date: _____
 Career Specialist: _____ Reviewer: _____ Date of Review: _____
 Transfer From: _____ Transfer To: _____ Transfer Date: _____

REVIEWER: CHECK THAT THE FOLLOWING ITEMS ARE PRESENT AND PROPERLY COMPLETED.

ITEMS IN FILE	DATE	YES	NO	N/A	COMMENTS/NEEDS
Narratives Updated					
Correspondence/Memos-Correct					
Participant Information Filed					
Opening & Closing Summaries Completed					
Sanction Letters					
Exemption Letters					
Supplements/Receipts					
Transportation Letters					
Home Visit Reports					
Career Plans Current					
Training Schedule Current					
Employment Service Plan Current/Completed					
Off-Site Training Information Current/Training Verification Completed (If Applicable)					
Progress Reports Current (If Applicable)					
Pre-Approved Forms Current (If Applicable)					
Assessment Completed					
Resumes Completed (If Applicable)					
Job Search Information Completed (If Applicable)					
Employment Verification Completed (If Applicable)					
Community Service Current/Completed (If Applicable)					
Current TANF Application					
Uses Correct Intake Forms					
Follow Up Completed					
Other					

REVIEW DETERMINATION	DATE	YES	NO	N/A	COMMENTS
Previous Comments Addressed					
Review On Time					
File In Order					

Complete corrections/discrepancies by: _____

Additional Comments: _____

See Site Manager _____

REVIEWER SIGNATURE: _____ DATE: _____

CAREER SIGNATURE: _____ DATE: _____

SITE MANAGER SIGNATURE: _____ DATE: _____