

ETO Policy 17.6-Documentation for Performance Goal Attainment (Youth and Adult)

Requirements specified for performance goal attainment in the Contract/Agreement must be met and documented in accordance with this policy before the performance attainment can be entered in the Management Information System. Documentation substantiating performance and actual training must be available upon request.

I. The following general documentation criteria exist:

A. Training will be documented. At a minimum the following will be documented:

- Hours of attendance
- Satisfactory progress

Documentation of attendance and satisfactory progress requires both the verification signature of the contractor/work location and the verification signature of the trainee (participant).

Documentation of training participation must be available. Acceptable documentation of training will include the initial assessment, completed modules, portfolios and other evidence of training.

B. Credential Documentation

The Credential/ Certificate is issued by a credentialing organization (e.g. Department of Education/ Board of Nursing) - a copy of the diploma/GED/certificate achieved or a signed letter or e-mail from the issuing organization certifying the achievement is allowed.

C. Documentation of all employment and other outcomes such as work activity participation (incremental and final), up to and including 90 day outcome retention, requires one of the following:

- A written verification from the employer/trainer (when training is the outcome), or
- A copy of a check stub for the period in question and in cases where the documentation is for a outcome based on a period of time (Day 1, 30, 90), a Verification Form (attached) completed and signed by a contractor staff person will be attached to the check stub(s)
- Transcript from student via the institutes issued e-mail address.

The Day 60 and the Day 90 Placement can be completed by obtaining a verbal from the employer. The verbal must be documented by the staff person completing the attached Employment Verification form.

D. Documentation of outcome in the Second, Third, and Fourth full quarter following exit can be accomplished through counseling notes as long as there is a current Individual

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Service Strategy. Counseling notes when used for documentation will answer the following questions:

- Who -Who was contacted and what staff made the contact?
- What - What was the result of the contact and what does this contact document?
- When - The time and date of the contact?
- Where - Where did the contact take place?
- Why - What was the purpose of the contact?
- How - How was the contact made?

II. Items that apply to I, C:

- A. Documentation that contains a live signature (Faxes/scanned will be accepted.) is the best and preferred type of documentation.
- B. Written verification obtained via an e-mail is acceptable when the e-mail is from the employer and when there is sufficient evidence to support that the e-mail came from the employer.
- C. Documentation for each employment performance verification will at a minimum contain the following:

Date Verification Accomplished
Employer/Trainer (name, address, telephone number)
Date Employment/Training Began
Position/Type of Training
Hours Weekly
Anticipated Duration (Day One Only)
Hourly Wage
Period of Employment/Training Documented
Signature of Individual Providing the Affirmation (include date signed)

III. Other documentation items:

- A. The use of signatures obtained prior to the date of the documented performance event is forbidden.
- B. Documentation must be obtained prior to performance being claimed in Management Reporting System.
- C. The use of White Out is **FORBIDDEN** on verification forms.

DAY 1 OUTCOME VERIFICATION

**START DATE OF
OUTCOME/EMPLOYMENT
(or date requesting verification of):**

EMPLOYER/TRAINER:

_____ address

_____ address

_____ phone

POSITION:

HOURS PER WEEK:

HOURLY WAGE:

\$ _____

Name of Participant (Print):

Signature of Employer/Trainer:

Date

Expect to complete 150 days or more: Yes or No

DAY 30 OUTCOME VERIFICATION

Employment/Training Period
(date range requesting verification of):

Start Date

End Date

EMPLOYER/TRAINER:

address
address
phone

POSITION:

HOURS PER WEEK:

HOURLY WAGE:

\$

Name of Participant (Print):

Signature of Employer/Trainer:

Date

DAY 60 OUTCOME VERIFICATION

Employment/Training Period
(date range requesting verification of):

Start Date

End Date

EMPLOYER/TRAINER:

address
address
phone

POSITION:

HOURS PER WEEK:

HOURLY WAGE:

\$

Name of Participant (Print):

Signature of Employer/Trainer:

Date

Complete this portion if this is a telephone verification:

Name of Individual Contacted: _____

Title of Individual: _____

Signature of Staff Person: _____ **Date** _____

DAY 90 OUTCOME VERIFICATION

Employment/Training Period
(date range requesting verification of):

Start Date _____ End Date _____

EMPLOYER/TRAINER:

address _____
address _____
phone _____

POSITION:

HOURS PER WEEK:

HOURLY WAGE:

\$ _____

Name of Participant (Print):

Signature of Employer/Trainer:

_____ Date _____

Complete this portion if this is a telephone verification:

Name of Individual Contacted: _____

Title of Individual: _____

Signature of Staff Person: _____ **Date** _____