

A SEPARATE MINIMAL EDUCATION REQUIREMENTS FORM MUST BE COMPLETED FOR EACH TRAINING PROGRAM

2011-2012
MINIMAL EDUCATION REQUIREMENTS FORM

NAME OF TRAINING PROVIDER:

ADDRESS:(Street Address Where Training is Provided) (City) (State) (Zip)

CONTACT PERSON/TITLE:

PHONE / E-MAIL

PERSON COMPLETING THIS FROM

1. PROGRAM INFORMATION:

PROGRAM NAME:

PROGRAM IS OFFERED ON A SEMESTER BASIS (YES OR NO):

(If yes, provide a break down by semester of all classes. Attach on a separate piece of paper.)

IF YES, WHAT IS THE TOTAL NUMBER OF SEMESTERS:

TOTAL ACTUAL CLOCK HOURS:

TOTAL PROGRAM LENGTH (weeks):

DAYS EACH WEEK:

TOTAL HOURS PER WEEK:

WHAT IS THE MINIMUM AND MAXIMUM RATIO OF INSTRUCTIONAL STAFF TO STUDENTS?

MINIMUM RATIO: / MAXIMUM RATIO: /

COMPETENCY BASED CURRICULUM (YES OR NO):

2. OCCUPATIONAL PLACEMENT INFORMATION

Please provide the specific name of the occupation(s) for which trainees will be qualified, with corresponding Standard Occupational Classification Code (SOC Code) for the occupation(s).

SOC CODE	OCCUPATION(s)

Above occupations are on the Region 21 Targeted Occupations List: (Yes or No)

3. CRITERIA FOR ADMISSION (INCLUDING ENTRY SKILLS)

A. HIGH SCHOOL DIPLOMA OR GED REQUIRED (YES OR NO)

B. BASIC SKILLS - Indicate a desired total: Total Reading
Total Math
Total Language

C. WORK INTEREST - For each area rate as follows:

3=Extremely Important 2=Important 1=Helpful 0=Not Important

Clerical	Physical	Mechanical/Repairing
Sales	Creative	Driving/Operating
Service	Caring/Helpful	

D. PHYSICAL ABILITIES: Specify any information that may be useful in assessing the student's appropriateness for this occupation.

4. LIST OF CLASSES REQUIRED

5. EXIT POINT AND OCCUPATIONAL SPECIFIC SKILLS

Training programs may require a student to complete 100% of the training activity to be considered a successful completer, or the program may specify exit points prior to completion where the student may possess skills that will qualify him/her to receive a certificate and obtain training related employment. Specify all exit points and the skill levels appropriate for those exits (use additional paper as necessary). Attachments may be used for clarity.

6. ESTIMATED COSTS OF TOTAL PROGRAM

TUITION	\$_____ per hour X _____ (clock hours)	\$
FEES		\$
BOOKS		\$
SUPPLIES		\$
TOOLS REQUIRED IN THE CLASSROOM		\$
UNIFORMS		\$
CERTIFICATION/TESTING		\$
OTHER (specify)		\$
		\$
TOTAL ESTIMATED COSTS:		\$

7. IS THIS PROGRAM ELIGIBLE FOR PELL AWARDS (YES OR NO)

Pell Award Amount: \$

Specify any other Financial Aid available for this program below:

8. PROGRAM COMPLETION AND PLACEMENT SERVICES

Workforce Alliance, Inc. will require performance reporting through F.E.T.P.I.P as stated in this application. Program completion rates, percentage placed in unsubsidized employment and wages at placement will be tracked.

Placement into unsubsidized training-related employment is the ultimate goal for each individual referred to training by the Workforce Alliance, Inc. Please describe what placement services are available at your school:

Current Completion Rate for this Program: %

Current Placement Rate (unsubsidized, training-related employment: %

Average wage at placement: %