

**The Mississippi Partnership
Workforce Development Area
Adult & Dislocated Worker
Individualized Career Services Assessment and Training Needs Determination**

Regulatory Authority: 20 CFR § 680.220; 20 CFR § 678.430; 20 CFR § 680.170; TEGL 10-19 Change 3

Important Notice to WJC Staff

This document serves two sequential functions governed by 20 CFR § 680.220:

- ▶ **Part A — Initial Career Services Evaluation** must be completed at or before the point of enrollment in individualized career services. It satisfies the requirement for an "interview, evaluation, or assessment" to determine the participant's need for career services and to establish eligibility for training consideration.

If a WIOA Adult or Dislocated Worker participant receives any of the following services during their participation period— regardless of if it is a Wagner-Peyser or WIOA Program service, Part A of this form is required.

- | | |
|---|---|
| ○ WIOA – Career Planning | ○ WIOA Work Experience – Other |
| ○ WIOA – Comprehensive & Specialized Assessments | ○ WIOA Work Experience – Pre-Apprenticeship Program |
| ○ WIOA – Individual Counseling | ○ WIOA Adult Follow Up |
| ○ WIOA – Individual Employment Plan (IEP) | ○ WIOA English Language Acquisition/ESL |
| ○ WIOA – Out of Area Job Search Assistance or Relocation Assistance | ○ WIOA – Enter Subsidized Employment |
| ○ WIOA – Short-term Prevocational Services | ○ WIOA – Financial Literacy Services |
| ○ WIOA Work Experience – Internship or Other Employment Opportunity | ○ WIOA – Group Counseling |
| ○ WIOA Work Experience – Job Shadowing | ○ WIOA – Workforce Preparation |
| | ○ TRPDD-MIEP |

- ▶ **Part B — Full Training Needs Determination** must be completed before the participant is referred to or enrolled in any training service, including those funded through an Individual Training Account (ITA). A participant may not begin training based on Part A alone. Part B constitutes the full determination of need required under 20 CFR § 680.220 and must be directly used to develop the Individual Employment Plan (IEP).

If a WIOA Adult or Dislocated Worker participant has a WIOA Training Enrollment, Part B of this form is required.

The IEP is not a valid planning document unless it is directly informed by and traceable to the findings documented in this assessment. **A case note must be entered confirming that the IEP reflects these results.**

Results from a recent formal assessment completed by a partner program or accredited educational institution **within the last 6 months** may be substituted for locally administered instruments to avoid duplication, provided the results are on file, the instrument is identified, and the administering institution is documented.

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Individualized Career Services & Training Needs Determination**

PART A: INITIAL CAREER SERVICES EVALUATION

Required for enrollment in individualized career services. Regulatory Basis: 20 CFR § 680.210–680.220

A-1: PARTICIPANT INFORMATION

Participant Name		
Last 4 SSN	Date of Birth	MS Works ID

Program: ☐ WIOA Adult ☐ WIOA Dislocated Worker

Date of Evaluation	WJC Staff Name:
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A-2: EMPLOYMENT STATUS AT ENROLLMENT

Current Employment Status:

- ☐ Employed Full-Time
- ☐ Employed Part-Time (seeking additional or different employment)
- ☐ Unemployed – actively seeking work
- ☐ Dislocated Worker – laid off/business closure/plant closing
- ☐ Not in the labor force

If Dislocated Worker:

Employer at Time of Dislocation: _____

Date of Layoff/Closure: _____

WARN Act Notified: ☐ Yes ☐ No ☐ Unknown

Receiving Trade Adjustment Assistance (TAA): ☐ Yes ☐ No

Receiving Unemployment Insurances: ☐ Yes ☐ No

UI Exhausted or Nearing Exhaustion: ☐ Yes ☐ No

A-3: INITIAL SCREENING NEEDS

Primary Reason for Seeking Services:

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1. Does the participant express interest in training or education? ☐ Yes ☐ No ☐ Unsure
2. Does the participant appear to have skills and experience sufficient for immediate employment?
☐ Yes ☐ No ☐ Needs further assessment
3. Does the participant face barriers that may require supportive services before or during service participation? ☐ Yes ☐ No
4. Initial Career Services Appropriate: ☐ Yes ☐ No
5. Training Needs Determination (Part B) Required: ☐ Yes ☐ No

If Training Needs Determination is required, complete Part B before referring the participant to any training service.

Case Manager Notes – Initial Evaluation Summary:

A-4: ACADEMIC AND BASIC SKILLS ASSESSMENT

Basis: 20 CFR § 680.220 — Determination of employability and suitability for training; MPWDA Basic Skills Deficiency Policy

1. Academic

Highest Educational Level Completed:

- | | |
|--|---|
| <input type="checkbox"/> Less than High School | <input type="checkbox"/> Associate Degree |
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Bachelor Degree |
| <input type="checkbox"/> High School Equivalency | <input type="checkbox"/> Graduate Degree |
| <input type="checkbox"/> Some College | |

Current Education Status

- ☐ Not Attending School ☐ Enrolled in College Part-Time ☐ Enrolled in College Full-Time

Licenses, Certifications, or Credentials Participant Currently Holds:

Credential Name	Issuing Organization	Date Received	Expiration

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Does the participant's academic skill level support enrollment in the proposed training program without remediation?

- ☐ Yes — proceed with training referral
☐ No – co- enrollment in basic skills instruction required or alternative training pathway recommended
☐ Uncertain — further evaluation recommended

If No or Uncertain, describe recommended remediation or alternative pathway:

2. Basic Skills

Complete this Basic Skills Training Tool to determine if the participant's English reading, writing, or math skills are at or below the 8th-grade level, or if they are unable to compute, solve problems, or speak English at a level necessary to function effectively on the job.

Complete this information if the participant has been assessed with TABE or WorkKeys within the last 6 months:

TABE Information:				WorkKeys Information:			
	Scale Score	Grade Level	Date Taken		Scale Score	Level	Date Taken
Reading				Applied Math			
Total Math				Workplace Documents			
Language							

1. Do you have a high school diploma, General Educational Diploma (GED), or High School Equivalency (HSE) diploma? ☐ Yes ☐ No
2. Can you follow basic written instructions and diagrams with no help or just a little help? ☐ Yes ☐ No
3. Can you fill out basic medical forms and job applications? ☐ Yes ☐ No
4. Can you add, subtract, multiply, and divide with whole number up to 3 digits? ☐ Yes ☐ No
5. Can you do basic tasks on a computer? ☐ Yes ☐ No
6. Do you speak and read English well enough to get and keep a job? ☐ Yes ☐ No
7. If you have taken the ACT WorkKeys® Workplace Documents and Applied Math tests: Did you score at least a Bronze Level on these tests? ☐ Yes ☐ No
8. Do you have the skills necessary for the desired position you are seeking training services for? ☐ Yes ☐ No

Note: If any question 1-8 above is answered "No" the individual is considered basic skills deficient.

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A-5: IMMEDIATE CAREER SERVICES NEEDS

Select all of the individualized career services the participant needs at this time:

- | | |
|--|--|
| <input type="checkbox"/> WIOA – Career Planning | <input type="checkbox"/> WIOA Work Experience – Other |
| <input type="checkbox"/> WIOA – Comprehensive & Specialized Assessments | <input type="checkbox"/> WIOA Work Experience – Pre Apprenticeship Program |
| <input type="checkbox"/> WIOA – Individual Counseling | <input type="checkbox"/> WIOA Adult Follow Up |
| <input type="checkbox"/> WIOA – Individual Employment Plan (IEP) | <input type="checkbox"/> WIOA English Language Acquisition/ESL |
| <input type="checkbox"/> WIOA – Out of Area Job Search Assistance or Relocation Assistance | <input type="checkbox"/> WIOA – Enter Subsidized Employment |
| <input type="checkbox"/> WIOA – Short-term Prevocational Services | <input type="checkbox"/> WIOA – Financial Literacy Services |
| <input type="checkbox"/> WIOA Work Experience – Internship or Other Employment Opportunity | <input type="checkbox"/> WIOA – Group Counseling |
| <input type="checkbox"/> WIOA Work Experience – Job Shadowing | <input type="checkbox"/> WIOA – Workforce Preparation |
| | <input type="checkbox"/> WIOA Training Services -ITA or OJT (Must complete Part B) |
| | <input type="checkbox"/> TRPDD-MIEP |

NOTE: All services provided to the participant must be entered into MS Works

A:6 ADULT PRIORITY OF SERVICE

This section must be completed for each WIOA Adult Participant who is requesting WIOA Individualized services. Refer to the MPWDA Adult Priority of Service Policy for additional information.

Indicate the Individual's Priority of Service Group

- ☐ Statutory Priority Group. This includes individuals who are in the following categories:
- Veteran or Eligible Spouse
 - Recipient of Public Assistance
 - Low-Income Individual
 - Individual who is considered basic skills deficient
- ☐ Additional Priority Group. This includes individuals who are in the following categories:
- Individuals with significant barriers to employment (including substance abuse)
 - Eligible Migrant and Seasonal Farmworkers
 - Offenders
 - Homeless Individuals
 - Individuals facing substantial cultural barriers or who are English Language Learners
 - Individuals with a disability who are not otherwise included in one of the Statutory Priority Groups
 - Single Parents (included single pregnant women and non-custodial parents)
 - Foster Children or Aged Out of Foster Care young adults
 - Individuals aged 55 or older
- ☐ Not in a priority Group

A-7: PART A CERTIFICATION

I certify that this initial career services evaluation was conducted through a structured interview and review of available participant information, and that the service needs identified above reflect the participant's current situation.

Participant Signature: _____ Date: _____

WJC Staff Signature: _____ Date: _____

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PART B: FULL TRAINING NEEDS DETERMINATION

Required before referral to or enrollment in any training service. Regulatory Basis: 20 CFR § 680.220; 20 CFR § 680.300–680.320

This section constitutes the full determination of need required under 20 CFR § 680.220. It must be completed, documented, and on file before an ITA is issued or any skills training is authorized. This should serve as a foundation for developing the IEP.

B-1: CAREER INTERESTS AND GOALS

Basis: 20 CFR § 680.220 — Most appropriate mix of career services and training

1. Career Interest Assessment

Indicate the method used to determine career interest:

- ☐ O*Net Interest Profiler
- ☐ Myers-Briggs Type Indicator
- ☐ Myers-Briggs Strong Assessment
- ☐ Career OneStop Assessment
- ☐ Holland Code Assessment
- ☐ Recent formal assessment from accredited institution (within last 6 months)
- ☐ Other validated instrument: _____
- ☐ Career interest identified through participant interview and career planning discussion (no formal assessment utilized)

Date Administered: _____

Career Interest Sectors (Mark top 3):

- | | |
|---|---|
| <input type="checkbox"/> Advanced Manufacturing | <input type="checkbox"/> Transportation/Logistics/Warehouse |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Education |
| <input type="checkbox"/> Energy | <input type="checkbox"/> Business/Administration |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> Public Service |
| <input type="checkbox"/> Information Technology | <input type="checkbox"/> Other: _____ |

2. Career Wage and Goals

Participant's Identified Occupational Goal	Target Industry

Is this occupational goal aligned with local / regional labor market demand?

- ☐ Yes ☐ No ☐ Needs Further Research

Participant's Wage Expectation	Local Median Wage for Target Occupation

Is the wage expectation consistent with the target occupation's local median?

- ☐ Yes ☐ No – If No, document case manager discussion with participant:

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Preferred Work Environment:

- | | |
|--|--|
| <input type="checkbox"/> Indoors / office | <input type="checkbox"/> Remote / work from home |
| <input type="checkbox"/> Outdoors / field | <input type="checkbox"/> No preference |
| <input type="checkbox"/> Manual / trade / hands-on | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Healthcare / caregiving | |

Preferred Work Schedule:

- | | | | |
|-------------------------------|--|-----------------------------------|---|
| <input type="checkbox"/> Days | <input type="checkbox"/> Evenings/Nights | <input type="checkbox"/> Weekends | <input type="checkbox"/> Flexible/No Preference |
|-------------------------------|--|-----------------------------------|---|

Geographic Limitations (transportation, relocation, etc.): _____

Short-Term Goals (0-6 Months): _____

Long-Term Goals (6-24 Months): _____

Case Manager Notes – Career Interests & Career Goals:

B-2: WORK HISTORY, TRANSFERABLE SKILLS, AND OCCUPATIONAL SKILLS

Basis: 20 CFR § 680.220 — Determination of employability and suitability for training; most appropriate mix of career services

1. Work History

Total Years of Work Experience: _____

Employer Name:		City, State:	
Job Title:	Start Date:	End Date:	Reason for Leaving

Employer Name:		City, State:	
Job Title:	Start Date:	End Date:	Reason for Leaving

Employer Name:		City, State:	
Job Title:	Start Date:	End Date:	Reason for Leaving

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Employer Name:		City, State:	
Job Title:	Start Date:	End Date:	Reason for Leaving

Most Recent Occupation: _____

Most Recent Industry: _____

Is the participant's most recent occupation in a declining industry or occupation? ☐ Yes ☐ No ☐ Unknown

For Dislocated Workers:

Does the participant's prior occupation have a viable pathway back to employment without training?

- ☐ Yes — consider job search / placement before training referral
☐ No — training likely necessary

2. Transferable Skills

Skill Category	Specific Skills Identified	Level (Beginner, Intermediate, Advanced)
Technical / Occupational		
Digital / Computer		
Leadership / Supervision		
Communication (verbal / written)		
Customer / Client Service		
Administrative / Organizational		
Physical / Manual / Trade		

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3. Occupational Skills Assessment

Indicate the method used for occupational skills assessment:

- ☐ WorkKeys
- ☐ Occupational skills test administered by training provider
- ☐ Formal evaluation from partner / educational institution (within last 6 months)
- ☐ Structured interview — documented in 2a and 2b above
- ☐ Other: _____

Assessment Results / Notes:

Case Manager Notes – Work History, Transferable Skills, & Occupational Skills Assessment:

B-3: EMPLOYABILITY DETERMINATION

Basis: 20 CFR § 680.220 — Determination of employability

1. Work Readiness Assessment

General Rating Considerations:

Excellent

- Consistently exceeds expectations.
- Multiple examples from interview, work history, or documentation support the rating.
- Demonstrates the skill independently and across different situations.

Good

- Meets expectations in most situations.
- Evidence indicates reliable performance with only minor areas for growth.

Fair

- Partially meets expectations.
- Skill is present but inconsistently demonstrated or requires support, coaching, or supervision.

Needs Improvement

- Does not consistently meet expectations.
- Significant concerns are identified through observations, employment history, documentation, or interview responses.

Instructions: Rate each skill based on structured observation during the assessment interview, review of work history, and available documentation.

Skill	Excellent	Good	Fair	Needs Improvement
Punctuality / Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork / Collaboration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digital / Computer Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Conduct / Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following Instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Case Manager Notes – Work Readiness Assessment:

2. Employment Determination

Based on the full assessment (academic skills, work history, transferable skills, and work readiness rating), indicate the participant's employability status:

Employability Status:

- ☐ **Job-Ready** — Participant has skills and experience sufficient for immediate employment in their identified occupational goal. Training is not required at this time. Proceed with job search and placement services.
- ☐ **Conditionally Job-Ready** — Participant is employable but would benefit from targeted skill-building, workforce preparation, or short-term training to improve employment outcomes. Describe condition:

- ☐ **Training Required** — Participant lacks the skills, credentials, or experience necessary to obtain employment in their identified occupational goal. A full training needs determination (Sections 5-6) is required before training services are provided.
- ☐ **Remediation Required Before Training** — Basic skill deficiencies must be addressed before occupational training can be effectively undertaken. Co-enrollment in adult education or remediation recommended.

B-4: SUPPORTIVE SERVICE NEEDS

Basis: 20 CFR § 680.220; 20 CFR § 680.900–680.920

Indicate the Barriers to Employment:

- | | |
|---|--|
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Homeless or at risk of homelessness |
| <input type="checkbox"/> Single Parent or Caregiver | <input type="checkbox"/> Migrant or Seasonal Farmworker |
| <input type="checkbox"/> Displaced Homemaker | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Long-term unemployed (27+ weeks) | <input type="checkbox"/> Cultural Barrier |
| <input type="checkbox"/> Low Income/Public Assistance Receipt | <input type="checkbox"/> Justice System Involved (past or present) |
| <input type="checkbox"/> Lack of reliable transportation | <input type="checkbox"/> Older Worker) |
| <input type="checkbox"/> Basic Skills Deficient | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> English Language Learner | <input type="checkbox"/> Other: _____ |

Indicate WIOA Supportive Services that may be needed for successful participation in training:

- ☐ Transportation Assistance
- ☐ Child Care Assistance
- ☐ Work-Related Tools & Clothing
- ☐ Testing Fees
- ☐ Workshop/Short-Term Training Fees
- ☐ ITA End-of-Semester Support Payment
- ☐ Other:

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Case Manager Notes – Supportive Service Needs (include any information about referrals for supportive services):

B-5: TRAINING SERVICE SUITABILITY DETERMINATION

Basis: 20 CFR § 680.220; 20 CFR § 680.300–680.320 — Training must be determined necessary and appropriate before ITA issuance

1. Training Service Suitability (All participants receiving training services)

The following criteria must all be addressed before training authorization. Each must be supported by findings documented in this assessment.

- a. **Is training necessary?** The participant lacks skills or credentials required for employment in the identified occupational goal based on the employability determination in Section B-4.
☐ Yes ☐ No
- b. **Is the participant suitable for the proposed training?** Academic skill levels (Section 1), occupational background (Section 2), and aptitude assessment (Section 4b) indicate the participant has a reasonable expectation of success in the proposed program.
☐ Yes ☐ No
- c. **Is the training aligned with the participant's interests and goals?** The proposed training is consistent with career interest assessment results (Section 4a) and the participant's stated occupational goal (Section 4c).
☐ Yes ☐ No
- d. **Is the training aligned with local labor market demand?** The occupational goal and proposed training program are consistent with in-demand sectors and occupations in the local or regional labor market.
☐ Yes ☐ No

Labor market evidence referenced:

- e. **Does the participant have supportive service needs that must be addressed to successfully complete training?**
☐ Yes ☐ No

If Yes, the needs should be addressed in the IEP and case file

2. ITA Training

Proposed Training Program:

Training Provider:

Is the Proposed Training Program & Provider are on ETPL? ☐ Yes ☐ No

Proposed Credential/Certification:

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Is this credential a recognized postsecondary credential under TEGL 10-16, Change 3? ☐ Yes ☐ No

Estimated Cost:

Estimated Duration:

3. OJT

Employer Name:

Target Occupation:

Existing Skills Assessment:

Skills Gap to be Addressed through OJT:

Estimated OJT Length:

Expected Wage:

B-6: IEP LINKAGE STATEMENT

This statement is mandatory before the IEP is finalized. It confirms that the assessment findings documented above directly inform the IEP's employment goals, services, and MSG pathway.

Career Interest & Goals Finding and IEP Application:

Assessment finding:

Therefore, the IEP includes:

Academic / Basic Skills Finding and IEP Application:

Assessment finding:

Therefore, the IEP includes:

Work History / Transferable Skills/ Occupational Skills Finding and IEP Application:

Assessment finding:

Therefore, the IEP includes:

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Employability Determination and IEP Application:

Assessment finding: _____

Therefore, the IEP includes: _____

Supportive Service Needs and IEP Application:

Assessment finding: _____

Therefore, the IEP includes: _____

MSG Pathway Identified: ☐ Yes ☐ No

If Yes, MSG Category:

- ☐ Attainment of a recognized postsecondary credential
- ☐ Documented achievement of at least one educational functional level
- ☐ Documented attainment of a secondary school diploma or equivalent
- ☐ Transcript or report card showing satisfactory progress
- ☐ Satisfactory or better progress toward established milestones from employer/training provider

Training Authorization Recommendation:

- ☐ **Approved** — All suitability criteria met; training may be provided
- ☐ **Conditionally Approved** — Criteria met pending: _____
- ☐ **Not Approved** — Training not appropriate at this time. Reason: _____

B-7: PART B CERTIFICATION

Participant Certification:

I certify that this assessment was completed with me, that I had the opportunity to ask questions and provide input, and that the information recorded reflects my honest responses.

Participant Signature: _____ Date: _____

WIN Job Center Staff Certification:

I certify that this assessment was conducted through a structured evaluation process that included an interview with the participant, review of available documentation, and administration of or reference to validated assessment instruments as identified above. I further certify that the findings documented here will directly inform the participant's Individual Employment Plan and, where applicable, the authorization of training services.

WJC Staff Signature: _____ Date: _____