



TAA Training Assessment Referral

LWDA: _____

Petition#: _____

Participant's Name: _____

SID #: _____

Address: _____

Phone: _____

Last Employer: _____

Separation Date: _____

No suitable job opening as of: _____

TAA Staff Member

To be completed by TAA Staff

Please complete applicable items and forward to AE staff for assessment and recommendation.

Assessment being requested for TAA Dislocated Worker

Assessment Scheduled Date: _____

Training Requested

Type of Training:

Date scheduled to enter training: _____

Projected Completion Date: _____

Training Job Title : _____

Name of Training Facility: _____

Street Address: _____

City/State/Zip: _____

Applied for PELL Grant: YES NO

PELL Status: Pending Approved Denied

- Occupational Training
- Remedial Training
- Pre-requisite Training
- High School Equivalency (HiSET) Trg
- Basic Up-Grade Skills Training
- On the Job Training
- Apprenticeship

To be completed by AE Staff

Training Is Recommended By AE Staff:

Training Is Not Recommended By AE

Staff: (Explain) _____

AE Representative	Date	Location	Phone
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