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Program Staff 90-Day Notice of Acknowledgement and Achievement - WIOA

Staff Information					
Employee Name Partner Agency	☐DWFS ☐Equus ☐UNCOM ☐Other_____				
Employee Name					
Position	☐Career Planner ☐Supervisor ☐QA ☐Other_____				
Program	☐ADDW ☐ISY ☐OSY	Hire Date		90 Day Review Date	
Supervisor Name					

Competency Assessment Checklist				
Competence	Meets Expectations	Developing	Needs Improvement	N/A
Understands WIOA mission, services, and target populations				
Demonstrates knowledge of eligibility requirements				
Understands program policies and procedures				
Maintains compliance with federal, state, and local requirements				
Completes participant documentation accurately				
Maintains timely case notes and records				
Protects confidential and sensitive information				
Demonstrates proficiency in required databases				
Provides professional customer service				
Builds positive relationships with participants				
Conducts effective participant assessments and referrals				
Responds promptly to participant needs and inquiries				
Demonstrates reliability and accountability				
Communicates effectively with staff and partners				
Collaborates positively with team members				
Demonstrates professionalism and ethical conduct				
Learns and applies new information effectively				
Demonstrates problem-solving skills				
Manages workload and priorities effectively				
Contributes to program goals and outcomes				

Current Policy Compliance Training	
Topic	Date
DET Security	
EMI Policy 20.02 Conflict of Interest	
EMI Policy 21.01 Child-Protection	
EMI Policy 20.08 Medical Disability Related Information Collection and Storage	
Equal Opportunity	

Notice
This notice acknowledges the employee's successful completion of the initial 90-day employment period and recognizes accomplishments, demonstrated competencies, and contributions to the WIOA program. ☐Employee is meeting performance expectations for the position. ☐Additional coaching or development has been identified. Describe:

Signature			
Supervisor Signature		Date	

EMI Staff Use Only			
I have reviewed the staff acknowledgement and achievement and I: ☐ Agree. ☐ Do Not Agree. I have reported the following concerns to the EMI Program Manager and Partner Agency management:			
Program Specialist Name			
Signature		Date	

Form Date: 07/29/26