

## SOUTH CENTRAL WORKFORCE CLASSROOM TRAINING AGREEMENT

$\Box - Original \qquad \Box - Modification \qquad \Box - Extension$ (Modification = details of the agreement changed; Extension = only date are changed for additional time)		
Training Type:   Basic Skills	ESL Skills	☐ Occupational Skills ☐ Work Readiness Skills
Participant Name:		SSN:
Occupational Goal:		
Training Facility:		
Address:		
Contact Person:		
Contracting Agency:		
Address:		
Case Manager:		Phone #:
TRAINING PLAN		
Start Date E	and Date	Hours per Week
Total Planned Instructional Hours		
•	• •	cable):
TRAINING COSTS		
Tuition & Fees	\$	
Books & Supplies	\$	
Other	\$	
Total Training Cost	\$	
Costs paid by:   Participant Final	ncial Aid	WIOA Youth Program  Other
educational program needed to achieve their emp	loyment and trai	the review and selection of the Eligible Training Provider List and ining goals. Participant agrees to inform case manager of any and all ding changes to scheduled hours, planned absences, skills covered, or
Participant Signature		Date
Parent/Guardian Signature		
Case Manager Signature		Date