



MyJOB File Checklist

Participant Name: _____ **JR ID#:** _____

INTAKE/ENROLLMENT – SUBMITTED TO SCW WITH CASH INVOICE

- DSHS/DVR Consent Form
- Referral Form
- Equal Opportunity Form
- Release of Information Form
- Media/Image Release or Opt-out Form
- JR Forms
 - Needs Assessment
 - Action Plan
 - Competency Completion Form

PARTICIPATION

Workplace Readiness & Self-Advocacy Training

- Roster
- Sign-in sheets/Log of hours participated
- Certificate of Completion
- Evaluation of Training including self-reflection

Individualized Work-Based Learning Activities

- Roster
- Sign-in sheets/Log of hours participated
- Certificate of Completion
- Evaluation of Training including self-reflection

Paid Work-Based Learning Experiences

- Work-Based Learning Agreement
- Sign-in sheets/Log of hours participated
- Evaluation of Training including self-reflection

COMPLETION

- Certificate of Completion of MyJOB program
- Letter of recommendation (optional)