FORWARD CAREERS
DEVELOPING A THRIVING WORKFORCE

ITA Checklist
Revised [01/21/19]

To be completed by Career Planner

Client Name: _____ **Asset PIN:** _____ **Career Planner:** _____

Training Provider: _____ **Program ID (9 digits):** _____

Course of Study: _____ **Training Type:** ☐ Occupational ☐ Prevocational

Check all funding options: ☐ A ☐ DW ☐ SR ☐ TechHire (17-29) ☐ TechHire (25% exception) ☐ Youth

Continuation of previously approved ITA: ☐ Yes ☐ No

Packet includes:
☐ Schedule and costs ☐ FAFSA application
☐ Award Letter/Denial ☐ Not financial aid eligible
☐ Student Aid Report (SAR)

Priority of Service: ☐ Veteran ☐ AP Federal ☐ AP Local

Credits per Semester: _____

Justification if training is less than 12 credits (full-time): _____

Occupational goal as stated on IEP: _____ **O*Net Code:** _____

To be completed by Reviewer

ITA is: ☐ Approved ☐ Waitlisted – Date removed: _____ ☐ Denied ☐ Withdrawn

☐Yes ☐No **Self-sufficiency calculator completed (AP/DW – occupational only)**

Approved training provider	☐Yes	☐No	☐ n/a	Costs seem reasonable	☐Yes	☐No
Approved training program	☐Yes	☐No	☐ n/a	Dates written correctly	☐Yes	☐No
Client eligible for services	☐Yes	☐No	☐ n/a	Signatures completed and dated	☐Yes	☐No
Ok justification if less than full time	☐Yes	☐No	☐ n/a	Approved before class start	☐Yes	☐No
Occupation goal and training program make sense	☐Yes	☐No	☐ n/a	Amount does not exceed $4,000 or $1,800	☐Yes	☐No
				Amount does not exceed lifetime limit	☐Yes	☐No

To be completed by Accounting Assistant

Total Amount Authorized - ITA: _____

Total Financial Aid Awarded: _____ Fall: _____ Spring: _____ Summer: _____

Application entered into: ASSET ☐ ACCESS ☐

Summary of Payables

Date	Vendor/Item	Amount Paid	Total Paid to Date

TOTAL ITA AMOUNT PAID TO DATE: $_____