

**WIAB 02-06**

**DATE:** September 9, 2006  
**TO:** All Local Workforce Investment Areas  
**FROM:** Leandra M. Burns, Administrator, Employment and Training  
**SUBJECT:** Revised WIA Quarterly Continuous Improvement Report Form

The WIA Quarterly Continuous Improvement Report (form WIA-200) has been revised. The Continuous Improvement Report was revised in an effort to streamline the process.

Please begin using the new Continuous Improvement Report for the quarter ending September 2006.

The revised Continuous Improvement Report may be accessed in the WIA Management Information System by selecting "Information," then "Forms."

If you have any questions, please contact your assigned Grants Manager.

Attachment

## WIA QUARTERLY CONTINUOUS IMPROVEMENT REPORT

Program Year 2006

Report Period: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Region: \_\_\_\_\_

**#1. Complete plan/actual below, or print plan/actual online report for the quarter**

### ADULT

Project Status			
	Planned	Actual	% of Plan
Total Enrollments			
Total Exits			
Entered Employment Rate			
Average Wage at Exit			
Funding/Expenditures			
	Planned	Actual	% Qtr
Total Adult Program Costs			

### DISLOCATED WORKER

Project Status			
	Planned	Actual	% of Plan
Total Enrollments			
Total Exits			
Entered Employment Rate			
Average Wage at Exit			
Funding/Expenditures			
	Planned	Actual	% Plan
Total Dislocated Worker Program Costs			

### YOUTH

Project Status			
	Planned	Actual	% of Plan
Total Enrollments			
Total Exits			
Employed or Post-Secondary Ed			
Degree or Certificate			
Literacy/Numeracy Gain			
Funding/Expenditures			
	Planned	Actual	% of Plan
Total Youth Program Costs			
A. Other Youth Expenditures	N/A		
B. Out of School Expenditures	N/A		

**#2. Identify and address significant plan deviations**

**Significant Plan Deviations:**

For deviation of +/-15% of qtr. plan, describe the specific cause, actions you plan to take, and the expected outcome:

**Significant Program Changes/Challenges Impacting Performance:**

Optional section ~ may be used to inform grants management of pending labor market factors or service provider status

**Staff Training Needs:**

Optional section ~ delineate training needs to remediate deviations from quarterly plan

**#3. Submit both pages to your Grants Manager**