

Exhibit E

Equal Opportunity And Non-Discrimination Monitoring

Participant File Review Worksheet

**EQUAL OPPORTUNITY AND NONDISCRIMINATION
MONITORING GUIDE**

Participant File Review Worksheet

Date of File Review:

LWIA/One-Stop/Service Provider:

Monitor:

#	Participant's Name	Last Four	Program	Gender	Race/ Ethnicity	LEP	Disability	Medical Condition Information	Inappropriate Comments	Notice
1										
2										
3										
4										
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