EXHIBIT A

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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22										
23										
24										

#	Participant's Name	Last Four	Program	Gender	Race/ Ethnicity	LEP	Disability	Medical Condition Information	Inappropriate Comments	Notice
25										
26										
27										
28										
29										
30										

Key

Last Four: Last four digits of the Social Security #

Disability: Is the participant registered as a person with a disability on the registration sheet?

Medical Condition Information: Is there any medical condition information in the file that could be construed as revealing a disability or relating to a disability? This includes information in case notes.

Inappropriate Comments: Subjective or Inappropriate Comments?

Notice: Is a signed copy of the "Equal Opportunity is the Law" notice (29 CFR 37.30) retained in the participant file?

Remarks

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