

**REPORT ON VOCATIONAL TRAINING
OR ADULT BASIC EDUCATION COURSE**

SSN:

NAME:

This section to be completed by DLT Staff

TO:

ADDRESS:

FROM LO:

UI-REPRESENTATIVE:

CITY:

ST:

ZIP:

DATE:

TELEPHONE:

RETURN FAX:

The claimant named here is attending intends to attend
The course is a vocational training or an adult education course.

Agency or institution conducting the course:

Name:

Address:

Title of Course:

If Degree program, what is your major:

Did you apply for a Pell Grant : Yes No

Beginning Date:

Ending Date:

Duration:

This section to be completed by DLT Staff

1. The vocational training and adult basic education programs will be delivered through one of the following institutions:

- schools area vocational-technical schools; state-operated institutions of higher education (URI, RIC, CCRI);
 private and proprietary academies, colleges or universities; custodial and correctional institutions;
 the states interrelated library system; community based private, non-profit and proprietary agencies;
 employment settings in business and industry; WIA system.

2. Is this course approved in accordance with the R.I. Employment Security Act? YES NO3. Is this agency or institution conducting the course approved and accredited by the Department of Education of the state in which the agency or institution is located? YES NO4. If the answer to question number **3 is NO**, list any available information which may be used in considering the competency and reliability of the agency or institution.5. Does the adult basic education or vocational training course relate to an occupation or skill for which there are, or are expected to be in the immediate future, reasonable employment opportunities on the locality? YES NO**BASIS FOR ANSWER:**6. Has the claimant the potential qualifications and aptitudes necessary to complete the course? YES NO**BASIS FOR ANSWER:**

7. Other Comments:

Date:

Manager