



REPORT ON VOCATIONAL TRAINING OR ADULT BASIC EDUCATION COURSE

DLT-487m(REV.10-015-LJS)

Page 1 of 2 – BOTH are required

Last four digits of SSN:

NAME:

This section to be completed by DLT Staff

TO:

ADDRESS:

To: netWORKri Office:

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, CCRJ); 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 NO

3. Is the 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 NO

4. 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. Does the claimant have the qualifications and aptitudes necessary to complete the course? YES NO

BASIS FOR ANSWER:

7. Other Comments:

Date:

Authorized Signature:

Student Questionnaire

Name: _____

Last four of Social Security Number: _____

Name of school attending/plan to attend: _____

Title of course attending/plan to attend: _____

Is this course part of a

- Degree program.
 - Associates
 - Bachelors
 - Other
- Certificate program
- Vocational training program

Date classes begin for this semester: _____

Date classes end for this semester: _____

Class Schedule: Specific days and hours you will be attending classes:

Sunday: _____

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Anticipated date of graduation: _____

While in school, are you looking for work? Yes No

If yes, are you looking for full-time or part-time work? Full Part

What is your usual occupation? _____

What are your usual hours of work or shift? _____