

# WIA PROGRAM – CASE MANAGEMENT

## Career Plan Summary – Assessment Details New

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Case for: [Redacted] SSN: [Redacted] Program: WIA (DW) Status: Training  
R/C/O/U: [Redacted]

### Assessment Detail New

Save Clear Help

\*Type of Assessment Test: Not Selected

\*Name of Assessment Test: Not Selected  
Academic  
Aptitude  
Drug and Alcohol/Medical  
Interest Inventory  
Personality Inventory  
Skills Inventory  
Special Needs  
Work Readiness Assessment

\*Schedule Date of Completion (mm/dd/yyyy):

\* Status: [Redacted]

Administrator: [Redacted]

Contact Phone: [Redacted]

Address Line 1: [Redacted]

Address Line 2: [Redacted]

City: [Redacted]

State: Not Selected

County: Not Selected

Other: [Redacted]

Zip: [Redacted]

\*Indicates mandatory fields

Save Clear Help

**On the navigation Menu, click on the Assessment link to each screening test/tool administered to the customer. Complete the required (\*) data items.**