

Incumbent Worker Training Outline

IWT Agreement No:

Training Outline No:

# Section 1: Contact and IWT Information

Complete the contact information for the Employer and the Trainee.

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| EMPLOYER NAME:       | CONTACT PERSON:       | TELEPHONE #:       |
| TRAINEE NAME:       | EMAIL:       | TELEPHONE #:       |
| BEGINNING DATE:       | END DATE:       | TOTAL TRAINING HOURS:       |
| HOURLY WAGE RATE: $      | REIMBURSEMENT RATE: $      | MAXIMUM REIMBURSEMENT:       |

# Section 2: Occupational Information

Complete the occupational information for the Trainee’s skill level.

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| --- | --- | --- |
| JOB TITLE:       | O\*NET SOC #:       | HOURS/WEEK:       |
| JOB DESCRIPTION:       |
| **REQUIRED JOB SKILLS FOR OCCUPATION:**  | **STARTING CAPABILITY:** **DATE MEASURED** |
| 1. Job Skill Needed | Not Skilled: [ ]  Some Skill: [ ]  Skilled: [ ]  |
| 2. Job Skill Needed | Not Skilled: [ ]  Some Skill: [ ]  Skilled: [ ]  |
| 3. Job Skill Needed | Not Skilled: [ ]  Some Skill: [ ]  Skilled: [ ]  |
| 4. Job Skill Needed | Not Skilled: [ ]  Some Skill: [ ]  Skilled: [ ]  |
| 5. Job Skill Needed | Not Skilled: [ ]  Some Skill: [ ]  Skilled: [ ]  |

# Section 3: Training Information

Complete the training outline and estimated time for each skill.

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| **SKILLS TO BE LEARNED:**  | **ESTIMATED TRAINING HOURS:** | **END CAPABILITY****DATE MEASURED** |
| 1. Skill To Be Learned | Estimated Training Hours | Beginning: [ ]  Intermediate: [ ]  Skilled: [ ]  |
| 2. Skill To Be Learned | Estimated Training Hours | Beginning: [ ]  Intermediate: [ ]  Skilled: [ ]  |
| 3. Skill To Be Learned | Estimated Training Hours | Beginning: [ ]  Intermediate: [ ]  Skilled: [ ]  |
| 4. Skill To Be Learned | Estimated Training Hours | Beginning: [ ]  Intermediate: [ ]  Skilled: [ ]  |
| 5. Skill To Be Learned | Estimated Training Hours | Beginning: [ ]  Intermediate: [ ]  Skilled: [ ]  |
| LIST SUPPLIES AND TOOLS NEEDED FOR TRAINING:       |

# Section 5: Signatures

All parties agree to provide or obtain training for the skills detailed in this Training Outline.

## Authorized Signatures

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| DATE:        |
| TRAINEE SIGNATURE:      |
| TYPE/PRINT NAME:       |
| DATE:        | DATE:       |
| EMPLOYER SIGNATURE:      | IWT PROVIDER SIGNATURE (if different from employer):      |
| TYPE/PRINT NAME:       | TYPE/PRINT NAME:       |
| TITLE:       | TITLE:       |

# TRAINING OUTLINE INFORMATION AND INSTRUCTIONS

A Training Outline is used to detail the specific skill requirements for Incumbent Worker Training (IWT). It is also used as the assessment tool to document which skills the Trainee lacks at the start of the training and to measure skill attainment during the course of the training.

## Job Description:

A job description may be obtained from the Employer, or the MCWDB’s Business Services or WIOA service provider staff may assist the employer to write a job description, thus providing a “value-added” for the employer. For assistance in writing a job description, you may use the tasks and activities provided at the CareerOneStop Job Description Writer (<http://www.careerinfonet.org/jobwriter/>). Please modify these descriptions to be specific to employer’s needs for the occupation.

## Skill Requirements:

List the skills needed to perform the job to the standards specified by the Employer. Record skills as specifically and briefly as possible. For assistance in writing skill requirements, you may use the tasks and activities provided at O\*NET OnLine (<http://online.onetcenter.org>). Please modify these skills to be specific to employer’s needs for the occupation, especially as it relates to the type of tools or software to be used by the Trainee.

## Trainee’s Starting Capability:

Used to assess the trainee’s skill level near the beginning of the training period and to document skill deficiencies which will be addressed through training. The skills gaps can be addressed in the list of “Skills to Be Learned.” The “Starting” and “Ending Capability” scores are based upon an interview with the Trainee’s supervisor or by utilizing another skill assessment method used by the employer.

## Trainee’s Ending Capability:

Record the date on which the “Ending Capability” assessment is made and the skill level which has been attained using the following rating scale:

1. Beginning - Can do only simple parts of the task.
2. Intermediate - Can do most parts of the task.
3. Skilled – Meets the Employer’s standard for the task.

## Training Length:

1. MCWDB service provider staff works with the Employer to determine the job title for the position to be trained for, referencing O\*NET OnLine (<http://online.onetcenter.org>).
2. From O\*NET OnLine, Job Zone/SVP parameters are obtained. Use these parameters as a beginning guide to determine the length of training.
3. The MCWDB service provider representative considers the trainee’s past work experience, knowledge, and skills gap to assist in determining the length of training.
4. An Incumbent Worker Training Agreement (contract) must be limited to the period of time required for a participant to become proficient in the occupation for which the training is being provided. In determining the appropriate length of the contract, consideration should be given to the skill requirements of the occupation, the academic and occupational skill level of the participant, prior work experience, and the participant's individual employment plan.
5. It may be necessary to deviate from the training schedule, depending on the trainee’s ability to gain and retain knowledge of the various tasks within the occupation. If there is disruption of the planned training period through no fault of the trainee or the employer, MCWDB service provider staff may provide modifications in writing to the Training Outline.