


Participant File Review

| Date: |  | Purpose: Ensure required data is collected, medical or disability-related information is collected on a separate form and is maintained in a separate file and secure, and the Equal Opportunity Notice is part of each participant's file. <br> Instructions: Select a sample of participant files and complete the form below. |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Office |  |  |  |  |  |  |  |  |  |
|  |  | Is the followin | data collected | Y/N) |  |  | On file? | Is the followin collected and separately an | info tored protected? |
| WP/ WIOA | Participant Name | Gender | Race/Ethnicity | LEP | Disability | Age | EO Notice | Medical Records | Disabilityrelated info |
|  |  | Yes $\square$ No $\square$ | Yes $\square$ No $\square$ | Yes $\square$ No $\square$ | Yes $\square$ No $\square$ | Yes $\square$ No $\square$ | Yes $\square$ No $\square$ | Yes $\square$ No $\square$ | Yes $\square$ No $\square$ |
|  |  | Yes $\square$ No $\square$ | Yes $\square$ No $\square$ | Yes $\square$ No $\square$ | Yes $\square$ No $\square$ | Yes $\square$ No $\square$ | Yes $\square$ No $\square$ | Yes $\square$ No $\square$ | Yes $\square$ No $\square$ |
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