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**Rivers East**  
WORKFORCE DEVELOPMENT BOARD



## Classroom Training Dropout Verification Form

Participant Name: \_\_\_\_\_ State ID: \_\_\_\_\_

Dear college/training provider, for data validation and federal performance measures, we are required to document the last date of attendance when a participant drops out of a WIOA sponsored training activity. We need your assistance in completing the information below for the individual listed above. *Attached to this request is a signed Information Release Form.*

Please contact \_\_\_\_\_ at \_\_\_\_\_ if you have any questions.

College/Training Provider: \_\_\_\_\_

Class/Program Name: \_\_\_\_\_

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*To be completed by the College/Training Provider*

Last Date of Attendance: \_\_\_\_\_

College/Training Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Career Advisor: Scan into NCWorks.gov and ensure training activity is marked as “Dropped Out of Activity” on the date listed above.*