# Iowa*WORKS* Center Certification Evaluator Summary Form

### Center Information

|  |  |
| --- | --- |
| Local Area Name: |  |
| Iowa*WORKS* Center Name & Address: |  |
| Type of Center: | Comprehensive Affiliate |
| Date of On-Site Evaluation: |  |

### Evaluator Summary

|  |  |
| --- | --- |
| Evaluator’s Name: |  |
| Evaluator’s Organization & Role: |  |
| Evaluator’s Contact Information: |  |
| Evaluator’s Signature |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **# Yes** | **# No** | **Team Recommendation** |
| Physical & Programmatic Accessibility |  |  | * Full certification
* Provisional certification
* Not certified
 |
| Effectiveness |  |  | * Full certification
* Provisional certification
* Not certified
 |
| Continuous Improvement |  |  | * Full certification
* Provisional certification
* Not certified
 |

### Team Certification Recommendation

#### Recommendation: Certified/Provisionally Certified/Not Certified

### Additional Notes or Comments

Additional evaluator notes or comments: