

**ETA Form 9085 - Supplemental Youth Services Quarterly Performance Report
(Proposed in Federal Register Notice of April 20, 2006)**

OMB No. 1205-0422
Expires: mm/dd/yyyy

| A. GRANTEE IDENTIFYING INFORMATION | | | | |
|---|---|---|---|---|
| 1. Grantee Name: | | 2. Grant Number: | | |
| 3. Program/Project Name: | | | | |
| 4. Grantee Address: | | 5. Report Quarter End Date: | | |
| City _____ State _____ Zip Code _____ | | 6. Report Due Date: | | |
| Performance Items | Previous Quarter (A) | Current Quarter (B) | Cumulative 4-Qtr Period (C) | |
| B. CUSTOMER SUMMARY INFORMATION | | | | |
| 1. Total Exiters | | | | |
| 2. Total Participants Served | | | | |
| 3. New Participants Served | | | | |
| Gender | 3a. Male | | | |
| | 3b. Female | | | |
| School Status | 3c. In-School, H.S. or less | | | |
| | 3d. In-School, Post H.S. | | | |
| | 3e. Not Attending School; H.S. Graduate | | | |
| Other Demographics | 3f. Not Attending School; H.S. Dropout | | | |
| | 3g. Offender/Criminal Justice Barrier | | | |
| | 3h. Individuals with a Disability | | | |
| | 3i. Public Assistance Recipient | | | |
| | 3j. Basic Skills Deficiency | | | |
| | 3k. Limited English Proficient | | | |
| 3l. Foster Care | | | | |
| 3m. Homeless/Runaway Youth | | | | |
| C. CUSTOMER SERVICES AND ACTIVITIES | | | | |
| 1. Educational Achievement Services | | | | |
| 2. Alternative Schooling | | | | |
| 3. Summer Employment Opportunities | | | | |
| 4. Work Experience | | | | |
| 5. Leadership Development Opportunities | | | | |
| 6. Supportive Services | | | | |
| 7. Adult Mentoring Services | | | | |
| 8. Career Guidance/Counseling Services | | | | |
| 9. Basic Skills or Literacy Activities | | | | |
| D. PERFORMANCE RESULTS | | | | |
| 1. Returned to Secondary School Full-Time | | $\frac{\text{numerator}}{\text{denominator}}$ | $\frac{\text{numerator}}{\text{denominator}}$ | $\frac{\text{numerator}}{\text{denominator}}$ |
| 2. Placed in Employment or Education | | $\frac{\text{numerator}}{\text{denominator}}$ | $\frac{\text{numerator}}{\text{denominator}}$ | $\frac{\text{numerator}}{\text{denominator}}$ |
| 3. Attained Degree or Certificate | | $\frac{\text{numerator}}{\text{denominator}}$ | $\frac{\text{numerator}}{\text{denominator}}$ | $\frac{\text{numerator}}{\text{denominator}}$ |
| E. REPORT CERTIFICATION/ADDITIONAL COMMENTS | | | | |
| 1. Report Comments/Narrative: | | | | |
| | | | | |
| 2. Name of Grantee Certifying Official/Title: | | 3. Telephone Number: | 4. Email Address: | |

**ETA Form 9084 - Comprehensive Services Quarterly Performance Report
(Revised September 2006)**

OMB No. 1205-0422
Expires: mm/dd/yyyy

| A. GRANTEE IDENTIFYING INFORMATION | | | | | |
|---|---|----------------------|-----------------------------|-----------------------------|-------------|
| 1. Grantee Name: | | | 2. Grant Number: | | |
| 3. Program/Project Name: | | | | | |
| 4. Grantee Address: | | | 5. Report Quarter End Date: | | |
| City _____ State _____ Zip Code _____ | | | 6. Report Due Date: | | |
| Performance Items | | Previous Quarter (A) | Current Quarter (B) | Cumulative 4-Qtr Period (C) | |
| B. CUSTOMER SUMMARY INFORMATION | | | | | |
| 1. Total Exitters | | | | | |
| 2. Total Participants Served | | | | | |
| 3. New Participants Served | | | | | |
| Gender | 3a. Male | | | | |
| | 3b. Female | | | | |
| School Status | 3c. In-School, H.S. or less | | | | |
| | 3d. In-School, Post H.S. | | | | |
| | 3e. Not Attending School; H.S. Graduate | | | | |
| | 3f. Not Attending School; H.S. Dropout | | | | |
| Other Demographics | 3g. Offender/Criminal Justice Barrier | | | | |
| | 3h. Individuals with a Disability | | | | |
| | 3i. Public Assistance Recipient | | | | |
| | 3j. Basic Skills Deficiency | | | | |
| | 3k. Limited English Proficient | | | | |
| | 3l. Eligible Veterans | | | | |
| | 3m. Homeless | | | | |
| | 3n. Long-term Unemployed | | | | |
| 3o. Multiple Barriers | | | | | |
| C. CUSTOMER SERVICES AND ACTIVITIES | | | | | |
| 1. Core Services | | | | | |
| 1a. Required Section 166 Registration | | | | | |
| 1b. No Section 166 Registration Occurred (OPTIONAL) | | | | | |
| 2. Intensive Services | | | | | |
| 2a. Work Experience | | | | | |
| 3. Training Services | | | | | |
| 3a. CRT: Basic Skills or Literacy Activities | | | | | |
| 3b. CRT: Occupational Skills Training | | | | | |
| 3c. On-the-Job Training | | | | | |
| 3d. Entrepreneurial and Small Business Training | | | | | |
| 3e. Other Training Services | | | | | |
| D. PERFORMANCE RESULTS | | | | | |
| 1. Entered Employment Rate | | numerator | numerator | numerator | denominator |
| | | denominator | denominator | denominator | denominator |
| 2. Retention Rate | | numerator | numerator | numerator | denominator |
| | | denominator | denominator | denominator | denominator |
| 3. Average Earnings | | numerator | numerator | numerator | denominator |
| | | denominator | denominator | denominator | denominator |
| E. REPORT CERTIFICATION/ADDITIONAL COMMENTS | | | | | |
| 1. Report Comments/Narrative: | | | | | |

| | | |
|---|----------------------|-------------------|
| 2. Name of Grantee Certifying Official/Title: | 3. Telephone Number: | 4. Email Address: |
|---|----------------------|-------------------|