

YOUTHBUILD DATA ELEMENTS Form ETA-9138

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
SECTION I - INDIVIDUAL INFORMATION			
SECTION I.A - IDENTIFYING AND DEMOGRAPHIC INFORMATION			
1	Date of Birth	Record the individual's date of birth.	MM/DD/YYYY
2	Gender	Indicate the participant's gender by select Male or Female Leave blank if the individual does not wish to disclose his/her gender.	1 = Male 2 = Female Blank = no self-disclosure
3	Ethnicity Hispanic/ Latino	Indicate the participant's ethnicity by selecting Yes or No . Leave blank if the participant does not disclose his/her ethnicity.	1 = Yes 2 = No Blank = no self-disclosure
4	American Indian or Alaskan Native	Indicate whether the participant is American Indian or Alaska Native by selecting Yes . Leave blank if the participant is not American Indian or Alaska Native or refused to report on this element.	1 = Yes Blank = not reported
5	Asian	Indicate whether the participant is Asian by selecting Yes or Not Reported . Leave blank if the participant is not Asian or refused to report on this element.	1 = Yes Blank = not reported
6	Black or African American	Indicate whether the participant is Black or African American by selecting Yes or Not Reported . Leave blank if the participant is not Black or African American or refused to report on this element.	1 = Yes Blank = not reported
7	Hawaiian Native or other Pacific Islander	Indicate whether the participant is Hawaiian Native or other Pacific Islander by selecting Yes or Not Reported . Leave blank if the participant is not Hawaiian Native or other Pacific Islander or refused to report on this element.	1 = Yes Blank = not reported
8	White	Indicate whether the participant is White by selecting Yes or Not Reported .	1 = Yes Blank = not reported

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SECTION I.B - ENROLLMENT INFORMATION			
9	Cohort Identifier	Enter a cohort ID for participant. This identifier is required and consists of the three character month abbreviation and a four digit year and is used to group particular students together for the purposes of reporting. For example, all of the participants who enter the program in the October 2008 will have a cohort designation of OCT2008 them from a cohort beginning in January 2009 which would have a cohort identifier of JAN2009.	7 alphanumeric
10	Team Identifier	If desired, enter the team number that the participant will be assigned to. The team identifier can be up to 5 alphanumeric characters and might be used to divide a cohort into two or more teams.	5 alphanumeric
11	HUD or DOL Participant	Enter 1 if this is a DOL supported participant; this indicates the funding stream that supports the participant.	1 = Yes 2 = No
12	Marital status	Enter the participants marital status at time of enrollment	1 = Married 2 = Single 3 = Divorced 4 = Widowed 5 = Separated 6 = Domestic Partnership
13	Children	Enter the number of children under 18 years of age that the participant has, including biological, adopted, step, and foster children.	
14	Children living with participant	Enter the number of the participant's own children under 18 years of age living in the household, including biological, adopted, step, and foster children.	00
15	Other dependents living with participant	Enter the number of dependents other than children living with the participant.	00

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16	Highest Grade Completed	<p>Use the appropriate code to record the highest school grade completed by the individual.</p> <p>Record 87 if the individual completed the 12th grade and attained a high school diploma. Record 88 if the individual completed the 12th grade and attained a GED or equivalent. Record 89 if the individual with a disability received a certificate of attendance/completion. Record 90 if the individual attained other post-secondary degree or certification.</p>	<p>00 = No school grades completed 01 - 12 = Number of elementary/secondary school grades completed 13-15 = Number of college, or full-time technical or vocational school years completed 16 = Bachelor's degree or equivalent 17 = Education beyond the Bachelor's degree 87 = Attained High School Diploma 88 = Attained GED or Equivalent 89 = Attained Certificate of Attendance/Completion 90 = Attained Other Post-Secondary degree or Certificate</p>
17	Foster Youth	<p>Select Yes if the individual is a person who is or is aging out of the foster care system. Select No if the individual does not meet the conditions described above.</p>	<p>1 = Yes 2 = No</p>
18	Migrant Youth	<p>Select Yes if the individual is the youth is a migrant worker or is a member of a migrant family. Select No if the individual does not meet the conditions described above.</p>	<p>1 = Yes 2 = No</p>

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19	Low Income Family	<p>Select Yes if the individual is the youth is a member of a low income family. The definition of “low-income family” is taken directly from the United States Housing Act of 1937 (42 U.S.C. 1437a(b)(2)) which states: “The term ‘low-income families’ means those families whose incomes do not exceed 80 per centum of the median income for the area, as determined by the Secretary with adjustments for smaller and larger families, except that the Secretary may establish income ceilings higher or lower than 80 per centum of the median for the area on the basis of the Secretary's findings that such variations are necessary because of prevailing levels of construction costs or unusually high or low family incomes.”</p> <p>Select No if the individual does not meet the conditions described above.</p>	1 = Yes 2 = No
20	Youth Offender	<p>Select Yes if the individual has been convicted of a crime by the juvenile justice system. Select No if the individual does not meet the conditions described above.</p>	1 = Yes 2 = No
21	Adult Offender	<p>Select Yes if the individual has been convicted of a crime by the adult correctional system. Select No if the individual does not meet the conditions described above.</p>	1 = Yes 2 = No
22	High School Drop-Out	<p>Select Yes if the individual is the youth is a high school drop-out. Select No if the individual does not meet the conditions described above.</p>	1 = Yes 2 = No
23	Basic Skills Deficient	<p>Select Yes if the individual is the youth is basic skills deficient. Basic skills deficient is defined as an the individual who computes or solves problems, reads, writes, or speaks English at or below the eighth grade level or is unable to compute or solve problems, read, write, or speak English at a level necessary to function on the job, in the individual’s family, or in society. This can be measured using recognized assessments (i.e., TABE or CASAS) Select No if the individual does not meet the conditions described above.</p>	1 = Yes 2 = No

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24	Child of Incarcerated Parent or Legal Guardian	Select Yes if either of the youth's parents or legal guardian is incarcerated at the time of the youth's enrollment into the YouthBuild program. Select No if the individual does not meet the conditions described above.	1 = Yes 2 = No
25	Limited English Proficient	Select Yes if the individual is a person who has limited ability in speaking, reading, writing or understanding the English language and (a) whose native language is a language other than English, or (b) who lives in a family or community environment where a language other than English is the dominant language. Select No if the individual does not meet the conditions described above.	1 = Yes 2 = No
26	Individual with a Disability	Select Yes if the individual indicates that he/she has any "disability," as defined in Section 3(2)(a) of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102). Under that definition, a "disability" is a physical or mental impairment that substantially limits one or more of the person's major life activities. (For definitions and examples of "physical or mental impairment" and "major life activities," see paragraphs (1) and (2) of the definition of the term "disability" in 29 CFR 37.4, the definition section of the WIA non-discrimination regulations.) Select No if the individual indicates that he/she does not have a disability that meets the definition. Leave blank if the individual does not wish to self-identify.	1 = Yes 2 = No Blank = no self-identification
27	Health Issues	Select Yes, Significant health issues if the participant has any health issue that could impact the individual's ability to work. Examples of such health issues can include, but are not limited to, untreated high blood pressure, HIV/STDs, asthma, depression, and other mental/physical health issues. Otherwise, select No significant health issues . Leave blank if the individual does not wish to self-identify.	1 = Yes, significant health issues 2 = No significant health issues Blank = no self-identification

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28	Employment Status at Enrollment	<p>Record Employed if the participant is a person, at enrollment, who either (a) worked more than 15 hours per week as a paid employee, (b) did any work at all in his or her own business, profession, or farm, (c) worked 15 hours or more as unpaid worker in an enterprise operated by a member of the family, or (d) is one who was not working, but has a job or business from which he or she was temporarily absent because of illness, bad weather, vacation, labor-management dispute, or personal reasons, whether or not paid by the employer for time-off, and whether or not seeking another job.</p> <p>Record Employed, but Received Notice of Termination of Employment or Military Separation if the participant is a person who, although employed, either (a) has received a notice of termination of employment or the employer has issued a Worker Adjustment and Retraining Notification (WARN) or other notice that the facility or enterprise will close, or (b) is currently on active military duty and has been provided with a firm date of separation from military service.</p> <p>Record Not Employed if the individual does not meet any one of the conditions described above.</p>	1 = Employed 2 = Employed, but Received Notice of Termination of Employment or Military Separation 3 = Not Employed
29	Occupation at Enrollment	From the drop-down box select the participants occupation at enrollment. Leave blank if the participant is not employed at enrollment.	
30	Hours Worked at Enrollment	Enter the average hours per week that the participant works at the above occupation. Leave blank if the participant is not employed at participation.	00 Blank = not employed
31	Average Hourly Wage at Enrollment	Enter the participant's average hourly wage at the above occupation. Leave blank if the participant is not employed at participation.	00.00 Blank = not employed
32	Start Date for Job at Enrollment	Enter the date on which the participant began to work at the above job. Leave blank if the participant is not employed at participation.	MM/DD/YYYY Blank = not employed

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33	Housing Status at Enrollment	<p>Select Own/Rent Apartment, Room, Or House if, at enrollment, the individual is living in an apartment, room, or house that the he/she owns or rents.</p> <p>Select Staying at someone's apartment, room, or house (Stable) if, at enrollment, the individual is living in an apartment, room, or house that somebody else owns or rents and if the person is not at risk of being displaced from this housing, i.e the housing situation is long-term.</p> <p>Select Halfway house/transitional house if, at enrollment, the individual is living in a residence designed to assist persons as they re-enter society and learn to adapt to independent living after having been in prison.</p> <p>Select Residential treatment if, at enrollment, the individual lives in a residential treatment center. A residential treatment center is a group home that provides room and board, and provides specialized treatment or rehabilitation persons with emotional, psychological, or developmental problems as well as chemical dependencies.</p> <p>Select Homeless if, at enrollment, the individual lacks a fixed, regular, adequate night time residence. This definition includes any individual who may regularly stay at a publicly or privately operated shelter for temporary accommodation; an institution providing temporary residence for individuals intended to be institutionalized; or a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings. This definition does not include an individual imprisoned or detained under an Act of Congress or State law. An individual who may be sleeping in a temporary accommodation while away from home should not, as a result of that alone, be recorded as homeless.</p> <p>Select Staying at someone's apartment, room, or house if, at enrollment, the individual is living in an apartment, room, or house that somebody else owns or rents and if the person is at risk of being displaced from this housing, i.e the housing situation is short-term.</p>	<p>1 = Own/rent apartment, room, or house 2 = Staying at someone's apartment, room, or house (Stable) 3 = Halfway house/ transitional house 4 = Residential treatment 5 = Homeless 6 = Staying at someone's apartment, room, or house (Unstable) 7 = Group Home</p>
34	Program Referral Source	Enter how the participant was referred to the YouthBuild program. Pull down menu will include juvenile justice, workforce system, school counselor, or other. This is an optional field.	Text
35	Post-Release Status at Enrollment	<p>Select parole if the participant is on parole on the date of participation.</p> <p>Select probation if the participant is on probation on the date of participation.</p> <p>Select other criminal justice/court supervision if the participant is on post-release supervision other than parole or probation on the date of participation.</p> <p>Select none if the participant is not on any form of post-release supervision.</p>	<p>1 = Parole 2 = Probation 3 = Other Criminal Justice/Court Supervision 4 = None</p>

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36	Mandated participation	<p>Select Yes if participation in the YB program is mandated by a criminal justice agency or agent as a condition of parole, probation, or other supervision.</p> <p>Select No if participation in the YB program is not mandated by a criminal justice agency or agent</p>	<p>1 = Yes 2 = No</p>

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SECTION II - PROGRAM ACTIVITIES AND SERVICES INFORMATION			
SECTION II.A - PROGRAM PARTICIPATION DATA			
37	Date of Program Enrollment	<p>Record the date on which the individual begins receiving his/her first service funded by the program following a determination of eligibility to participate in the program.</p> <p>This date will be entered by program staff</p>	MM/DD/YYYY
38	Date of Exit	<p>Record the date on which the last service funded by the program or a partner program (excluding supportive services) is received by the participant or the date of incarceration or when the participant completes the program, whichever occurs first.</p> <p>This is a "hard exit" entered by program staff; it is not automatically generated by the system.</p>	MM/DD/YYYY
39	Successful Exit	Select Yes if the participant has successfully exited the program; Select No if the participant exited the program unsuccessfully	1 = Yes 2 = No
40	Prerelease Contact	<p>Select Yes if the DoL grantee had any contact with the participant prior to registration in the program.</p> <p>Select No if the DoL grantee did not have any contact with the participant prior to registration in the program.</p>	1 = Yes 2 = No

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41	Other Reasons for Exit (at time of exit or during 3-quarter measurement period following the quarter of exit)	<p>Select Health/Medical if the participant is receiving medical treatment that precludes entry into unsubsidized employment or continued participation in the program. Does not include temporary conditions expected to last for less than 90 days.</p> <p>Select Deceased if the participant was found to be deceased or no longer living.</p> <p>Select Family Care if the participant is providing care for a family member that precludes entry into unsubsidized employment or continued participation in the program. Does not include temporary conditions expected to last for less than 90 days.</p> <p>Select Reservists Called to Active Duty if the participant is a reservist who is called to active duty for at least 90 days.</p> <p>Leave blank if the none of the above reasons apply.</p>	<p>02 = Health/Medical 03 = Deceased 04 = Family Care 05 = Reservists Called to Active Duty Blank = none of the above</p>

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SECTION II.B - SERVICES AND OTHER RELATED ASSISTANCE DATA			
Education Activities			
42	Date Entered Math/Reading Remediation	<p>Enter the date on which the participant started math/reading remediation.</p> <p>Math/Reading remediation consists of classroom instruction designed to improve a participant's reading and/or math skills for those participants who are determined to be basic literacy skills deficient. Basic education skills include reading comprehension, math computation, writing, speaking, listening, problem solving, reasoning, and the capacity to use these skills.</p>	MM/DD/YYYY
43	Expected Completion Date of Math/Reading Remediation	Enter the date on which the participant is expected to complete math/reading Remediation.	MM/DD/YYYY
44	Date Ended Math/Reading Remediation	Enter the date on which the participant exited math/reading remediation.	MM/DD/YYYY
45	Completed Math/Reading Remediation	<p>Select Yes if the participant successfully completed math/reading remediation.</p> <p>Select No if the participant did not successfully complete math/reading remediation.</p>	1 = Yes 2 = No
46	Date Entered GED Preparation	<p>Enter the date on which the participant started GED preparation.</p> <p>GED preparation is an activity intended to prepare an participant for passing the GED examination.</p>	MM/DD/YYYY
47	Expected Completion Date of GED Preparation	Enter the date on which the participant is expected to complete GED preparation.	MM/DD/YYYY
48	Date Ended GED Preparation	Enter the date on which the participant exits GED preparation.	MM/DD/YYYY

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49	Completed GED Preparation	Select Yes if the participant successfully completed GED preparation Select No if the participant did not successfully complete GED preparation.	1 = Yes 2 = No
50	Date Entered Other Education Activities	Enter the date on which the participant started other education activities .	MM/DD/YYYY
51	Type of Other Education Activities	Specify the type of other education activities .	Text
52	Expected Completion Date of Other Education Activities	Enter the date on which the participant is expected to complete other education activities .	MM/DD/YYYY
53	Date Ended Other Education Activities	Enter the date on which the participant exits other education activities .	MM/DD/YYYY
54	Date Entered High School Diploma Program	Enter the date on which the participant entered high school diploma program	MM/DD/YYYY
55	Expected Completion Date of High School Diploma Program	Enter the date on which the participant is expected to earn their high school diploma.	MM/DD/YYYY
56	Date Ended High School Diploma Program	Enter the date on which the participant exits the high school diploma program.	MM/DD/YYYY

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57	Completed High School Diploma Program	Select Yes if the participant successfully completed a high school diploma program Select No if the participant did not successfully complete a high school diploma program	1 = Yes 2 = No

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Education or Job Training Activities			
58	Date Entered Vocational/ Occupational Skills Training Services	Enter the date on which the participant started vocational/occupational skills training. Vocational/ occupational skills training is a type of long term occupational training consisting of specific classroom and work-based study in a specific occupation leading to a degree or certificate.	MM/DD/YYYY
59	Expected Completion Date of Vocational/ Occupational Skills Training Services	Enter the date on which the participant is expected to complete vocational/occupational skills training.	MM/DD/YYYY
60	Date Entered Vocational/ Occupational Skills Training Services	Enter the date on which the participant started vocational/occupational skills training. Vocational/ occupational skills training is a type of long term occupational training consisting of specific classroom and work-based study in a specific occupation leading to a degree or certificate.	MM/DD/YYYY
61	Expected Completion Date of Vocational/ Occupational Skills Training Services	Enter the date on which the participant is expected to complete vocational/occupational skills training.	MM/DD/YYYY
62	Date Entered Pre-Apprenticeship Program	Enter the date on which the participant started a pre-apprenticeship program A pre-apprenticeship program means an organized plan under which apprenticeship candidates will be selected for a short (a few weeks) intensified training period in a school or training center, with the intent to place them into regular apprenticeship upon completion or soon after completion of pre-apprenticeship.	MM/DD/YYYY

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63	Expected Completion Date of Pre-Apprenticeship Program	Enter the date on which the participant is expected to complete pre-apprenticeship program .	MM/DD/YYYY
64	Date Ended Pre-Apprenticeship Program	Enter the date on which the participant exits pre-apprenticeship program.	MM/DD/YYYY
65	Completed Pre-Apprenticeship Program	<p>Select Yes if the participant successfully completed pre-apprenticeship program</p> <p>Select No if the participant did not successfully complete pre-apprenticeship program.</p>	<p>1 = Yes</p> <p>2 = No</p>
66	Date Entered On the Job Training (OJT)	<p>Enter the date on which the participant started on-the-job training (OJT).</p> <p>OJT is training provided by an employer that pays the participant while the participant is engaged in productive work. The job provides knowledge or skills essential to the full and adequate performance of the job, provides reimbursement to the employer of up to 50% of the wage rate of the participant, and is limited in duration to a period appropriate to the occupation for which the participant is being trained.</p>	MM/DD/YYYY
67	Expected Completion Date of On the Job Training (OJT)	Enter the date on which the participant is expected to complete on-the-job training (OJT).	MM/DD/YYYY

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68	Date Entered On the Job Training (OJT)	<p>Enter the date on which the participant started on-the-job training (OJT).</p> <p>OJT is training provided by an employer that pays the participant while the participant is engaged in productive work. The job provides knowledge or skills essential to the full and adequate performance of the job, provides reimbursement to the employer of up to 50% of the wage rate of the participant, and is limited in duration to a period appropriate to the occupation for which the participant is being trained.</p>	MM/DD/YYYY
69	Expected Completion Date of On the Job Training (OJT)	Enter the date on which the participant is expected to complete on-the-job training (OJT).	MM/DD/YYYY
70	Date Entered On the Job Training (OJT)	<p>Enter the date on which the participant started on-the-job training (OJT).</p> <p>OJT is training provided by an employer that pays the participant while the participant is engaged in productive work. The job provides knowledge or skills essential to the full and adequate performance of the job, provides reimbursement to the employer of up to 50% of the wage rate of the participant, and is limited in duration to a period appropriate to the occupation for which the participant is being trained.</p>	MM/DD/YYYY
71	Date Entered Other Job Training Activities	Enter the date on which the participant started other Job Training activities .	MM/DD/YYYY
72	Type of Other Job Training Activities	Specify the type of other Job Training activities .	Text
73	Expected Completion Date of Other Job Training Activities	Enter the date on which the participant is expected to complete other job training activities .	MM/DD/YYYY

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
74	Date Ended Other Job Training Activities	Enter the date on which the participant exits other education activities .	MM/DD/YYYY

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Workforce Preparation Activities			
75	Date Entered Subsidized Employment	Enter the date on which the participant started subsidized employment.	MM/DD/YYYY
76	Expected Completion Date of Subsidized Employment	Enter the date on which the participant is expected to complete subsidized employment.	MM/DD/YYYY
77	Date Ended Subsidized Employment	Enter the date on which the participant exited subsidized employment.	MM/DD/YYYY
78	Completed Subsidized Employment	Select Yes if the participant successfully completed OJT. Select No if the participant did not successfully complete OJT.	1 = Yes 2 = No
79	Date Entered Internship	Enter the date on which the participant started internship. Internship consists of onsite work experience designed to improve an enrollee's occupational skills and readiness for the world of work.	MM/DD/YYYY
80	Expected Completion Date of Internship	Enter the date on which the participant is expected to complete internship.	MM/DD/YYYY
81	Date Ended Internship	Enter the date on which the participant exits internship.	MM/DD/YYYY
82	Completed Internship	Select Yes if the participant successfully completed internship Select No if the participant did not successfully complete internship.	1 = Yes 2 = No

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83	Date Entered Workforce Information Services	<p>Enter the date on which the participant started workforce information services.</p> <p>Workforce information services include, but is not limited to, providing information on state and local labor market conditions; industries, occupations and characteristics of the workforce; area business identified skills needs; employer wage and benefit trends; short- and long-term industry and occupational projections; worker supply and demand; and job vacancies survey results. Workforce information also includes local employment dynamics information such as workforce availability; business turnover rates; job creation; job destruction; new hire rates, worker residency, commuting pattern information; and the identification of high growth and high demand industries.</p>	MM/DD/YYYY
84	Expected Completion Date of Workforce Information Services	Enter the date on which the participant is expected to complete workforce information services.	MM/DD/YYYY
85	Date Ended Workforce Information Services	Enter the date on which the participant exits workforce information services.	MM/DD/YYYY
86	Completed Workforce Information Services	<p>Select Yes if the participant successfully completed workforce information services</p> <p>Select No if the participant did not successfully complete workforce information services.</p>	<p>1 = Yes</p> <p>2 = No</p>

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87	Date Entered Work Readiness Training	<p>Enter the date on which the participant started work readiness training.</p> <p>Work readiness training includes world of work awareness, labor market knowledge, occupational information, values clarification and personal understanding, career planning and decision-making, and job search techniques (resumes, interviews, applications, and follow-up letters). It also includes positive work habits, attitudes, and behavior such as punctuality, regular attendance, presenting a neat appearance, getting along and working well with others, exhibiting good conduct, following instructions and completing tasks, accepting constructive criticism from supervisors and co-workers, showing initiative and reliability, and assuming the responsibilities involved in maintaining a job.</p>	MM/DD/YYYY
88	Expected Completion Date of Work Readiness Training	Enter the date on which the participant is expected to complete work readiness training.	MM/DD/YYYY
89	Date Ended Work Readiness Training	Enter the date on which the participant exits work readiness training.	MM/DD/YYYY
90	Completed Work Readiness Training	<p>Select Yes if the participant successfully completed work readiness training</p> <p>Select No if the participant did not successfully complete work readiness training.</p>	<p>1 = Yes</p> <p>2 = No</p>
91	Date Entered Career/Life Skills Counseling	<p>Enter the date on which the participant started career/life skills counseling.</p> <p>Career/Life skills counseling is any formal counseling provided on a specific life skill or related to career guidance.</p>	MM/DD/YYYY
92	Expected Completion Date of Career/Life Skills Counseling	Enter the date on which the participant is expected to complete career/life skills counseling.	MM/DD/YYYY

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93	Date Ended Career/Life Skills Counseling	Enter the date on which the participant exits career/life skills counseling.	MM/DD/YYYY
94	Completed Career/Life Skills Counseling	Select Yes if the participant successfully completed career/life skills counseling Select No if the participant did not successfully complete career/life skills counseling.	1 = Yes 2 = No
95	Date Entered Other Workforce Preparation Activities	Enter the date on which the participant started other workforce preparation activities.	MM/DD/YYYY
96	Type of Other Workforce Preparation Activities	Specify the type of other workforce preparation activities.	Text
97	Expected Completion Date of Other Workforce Preparation Activities	Enter the date on which the participant is expected to complete other workforce preparation activities.	MM/DD/YYYY
98	Date Ended Other Workforce Preparation Activities	Enter the date on which the participant exits other workforce preparation activities.	MM/DD/YYYY
99	Completed Other Workforce Preparation Activities	Select Yes if the participant successfully completed other workforce preparation activities Select No if the participant did not successfully complete other workforce preparation activities.	1 = Yes 2 = No

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Community Involvement and Leadership Development Activities			
100	Date Entered Community Service	Enter the date on which the participant started community service. Community service is an activity in which the participants perform volunteer work that benefits the community	MM/DD/YYYY
101	Expected Completion Date of Community Service	Enter the date on which the participant is expected to complete community service.	MM/DD/YYYY
102	Date Ended Community Service	Enter the date on which the participant exits community service.	MM/DD/YYYY
103	Completed Community Service	Select Yes if the participant successfully completed community service Select No if the participant did not successfully complete community service.	1 = Yes 2 = No
104	Date Entered Other Community Involvement Activities	Enter the date on which the participant started other community involvement activities.	MM/DD/YYYY
105	Type of Other Community Involvement Activities	Specify the type of other community involvement activities.	Text
106	Expected Completion Date of Other Community Involvement Activities	Enter the date on which the participant is expected to complete other community involvement activities.	MM/DD/YYYY

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107	Date Ended Other Community Involvement Activities	Enter the date on which the participant exits other community involvement activities.	MM/DD/YYYY
108	Completed Other Community Involvement Activities	Select Yes if the participant successfully completed other community involvement activities. Select No if the participant did not successfully complete other community involvement activities.	1 = Yes 2 = No
109	Date Entered Leadership Development Activities	Enter the date on which the participant started leadership development activities. Leadership development activities may include participation on youth advisory board, [provide other examples]	MM/DD/YYYY
110	Expected Completion Date of Leadership Development Activities	Enter the date on which the participant is expected to complete leadership development activities	MM/DD/YYYY
111	Date Ended Leadership Development Activities	Enter the date on which the participant exits leadership development activities.	MM/DD/YYYY
112	Completed Leadership Development Activities	Select Yes if the participant successfully completed leadership development activities. Select No if the participant did not successfully complete leadership development activities.	1 = Yes 2 = No
113	Date Entered Post Secondary Exploration and Planning	Enter the date on which the participant started receiving post-secondary exploration and planning services	MM/DD/YYYY

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114	Expected Completion Date of Post-Secondary Exploration and Planning Services	Enter the date on which the participant is expected to complete post-secondary exploration and planning activities.	MM/DD/YYYY
115	Date Ended Post Secondary Planning and Exploration Activities	Enter the date on which the participant exits post secondary planning and exploration activities	MM/DD/YYYY
116	Received Educational Achievement Services	Record 1 if the participant received educational achievement services. Educational achievement services include, but are not limited to, tutoring, time management skills, and study skills training Record 2 if the individual did not receive any of the services described above.	1 = Yes 2 = No

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
Mentoring Activities			
117	Date Entered Mentoring Activities	<p>Enter the date on which the participant started mentoring activities.</p> <p>Mentoring is a sustained relationship between a mentor and participant, whether one on one or in a group setting. Through continued involvement, a mentor offers support and guidance in the individual's development to become a responsible member of the community. A variety of approaches may be used such as coaching, training, discussion, and counseling.</p>	MM/DD/YYYY
118	Expected Completion Date of Mentoring Activities	Enter the date on which the participant is expected to complete mentoring activities.	MM/DD/YYYY
119	Date Ended Mentoring Activities	Enter the date on which the participant exits mentoring activities.	MM/DD/YYYY
120	Completed Mentoring Activities	<p>Select Yes if the participant successfully completed mentoring activities</p> <p>Select No if the participant did not successfully complete mentoring activities.</p>	<p>1 = Yes</p> <p>2 = No</p>

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
Health Services			
121	Date Entered Substance Abuse Treatment	Enter the date on which the participant started substance abuse treatment.	MM/DD/YYYY
122	Provider Type	<p>Select Faith-based Provider if the substance abuse treatment is provided by a faith-based organization.</p> <p>Select Community-based Provider if the substance abuse treatment is provided by a community-based organization.</p> <p>Select Public Provider if the substance abuse treatment is provided by a public organization.</p>	1 = Faith-based Provider 2 = Community-based Provider 3 = Public Provider
123	Expected Completion Date of Substance Abuse Treatment	Enter the date on which the participant is expected to complete substance abuse treatment.	MM/DD/YYYY
124	Date Ended Substance Abuse Treatment	Enter the date on which the participant exited substance abuse treatment	MM/DD/YYYY
125	Completed Substance Abuse Treatment	<p>Select Yes if the participant successfully completed substance abuse treatment.</p> <p>Select No if the participant did not successfully complete substance abuse treatment.</p>	1 = Yes 2 = No
126	Date Entered Mental Health Treatment	Enter the date on which the participant started mental health treatment.	MM/DD/YYYY
127	Expected Completion Date of Mental Health Treatment	Enter the date on which the participant is expected to complete mental health treatment.	MM/DD/YYYY

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
128	Date Ended Mental Health Treatment	Enter the date on which the participant exited mental health treatment	MM/DD/YYYY
129	Completed Mental Health Treatment	Select Yes if the participant successfully completed mental health treatment. Select No if the participant did not successfully complete mental health treatment.	1 =Yes 2 = No
130	Date Entered Emergency Medical Care	Enter the date on which the participant started emergency medical care.	MM/DD/YYYY
131	Expected Completion Date of Emergency Medical Care	Enter the date on which the participant is expected to complete emergency medical care.	MM/DD/YYYY
132	Date Ended Emergency Medical Care	Enter the date on which the participant exited emergency medical care	MM/DD/YYYY
133	Completed Emergency Medical Care	Select Yes if the participant successfully completed emergency medical care. Select No if the participant did not successfully complete emergency medical care.	1 =Yes 2 = No
134	Date Entered Non-Emergency Medical Care	Enter the date on which the participant started non-emergency medical care.	MM/DD/YYYY
135	Expected Completion Date of Non-Emergency Medical Care	Enter the date on which the participant is expected to complete non-emergency medical care.	MM/DD/YYYY

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
136	Date Ended Non-Emergency Medical Care	Enter the date on which the participant exited non-emergency medical care	MM/DD/YYYY
137	Completed Non-Emergency Medical Care	Select Yes if the participant successfully completed non-emergency medical care. Select No if the participant did not successfully complete non-emergency medical care.	1 =Yes 2 = No
138	Date Entered Pregnancy Leave	Enter the date on which the participant started pregnancy leave.	MM/DD/YYYY
139	Expected Completion Date Pregnancy Leave	Enter the date on which the participant is expected to complete Pregnancy Leave.	MM/DD/YYYY
140	Date Ended Pregnancy Leave	Enter the date on which the participant exited Pregnancy Leave	MM/DD/YYYY
141	Completed Pregnancy Leave	Select Yes if the participant successfully completed Pregnancy Leave. Select No if the participant did not successfully complete Pregnancy Leave.	1 =Yes 2 = No
142	Date Entered Other Health Services	Enter the date on which the participant started other health services.	MM/DD/YYYY
143	Expected Completion Date of Other Health Services	Enter the date on which the participant is expected to complete other health services.	MM/DD/YYYY
144	Date Ended Other Health Services	Enter the date on which the participant exited other health services	MM/DD/YYYY

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
145	Completed Other Health Services	Select Yes if the participant successfully completed other health services. Select No if the participant did not successfully complete other health services.	1 =Yes 2 = No

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
Supportive Services			
146	Date Entered Transportation Services	Enter the date on which the participant started transportation services. Transportation services include assistance or cash paid to participants for the purpose of transportation.	MM/DD/YYYY
147	Date Ended Transportation Services	Enter the date on which the participant exits transportation services.	MM/DD/YYYY
148	Date Entered Child Care Services	Enter the date on which the participant started child care services. Child care services provide participants during program participation with child care that can be inside or outside the home, as well as after-school programs. It usually includes supervision and shelter.	MM/DD/YYYY
149	Date Ended Child Care Services	Enter the date on which the participant exits child care services.	MM/DD/YYYY
150	Date Entered Follow-up Services	Enter the date on which the participant started other follow-up services. Other follow-up services are on-going mentoring that occurs after exit.	MM/DD/YYYY
151	Date Ended Follow-up Services	Enter the last date on which the participant received follow-up services.	MM/DD/YYYY
152	Date Entered Other Supportive Services	Enter the date on which the participant started other supportive services. Other supportive services includes all supportive services not listed above.	MM/DD/YYYY
153	Date Ended Other Supportive Services	Enter the date on which the participant exits other supportive services.	MM/DD/YYYY

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
SECTION III - PROGRAM OUTCOMES INFORMATION			
SECTION III.A - FOLLOW-UP			
SECTION III.B - SHORT-TERM OUTCOME STATUS			
154	Date of Initial Placement Into Unsubsidized Employment	Enter the date on which the participant started the initial unsubsidized employment	MM/DD/YYYY
155	Employer Name for Initial Placement Into Unsubsidized Employment	Enter the employer's name for the participant's initial placement into unsubsidized employment.	Text
156	Employer Contact for Initial Placement Into Unsubsidized Employment	Enter the contact information for the employer for the participant's placement into unsubsidized employment.	Text
157	Last Date of Employment for Initial Placement into Unsubsidized Employment	Enter the last date on which the participant worked for the employer.	MM/DD/YYYY
158	Hourly Wage at Placement for Initial Placement into Unsubsidized Employment	Enter the hourly wage for the initial unsubsidized unemployment at placement.	00.00
159	Number of Hours Worked During the 1st Full Week in Initial Placement into Unsubsidized Employment.	Enter the number of hours worked during the first full week for the initial job placement.	00

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
160	Benefits for Initial Placement into Unsubsidized Employment	Enter the type of employment benefits (i.e., vacation and sick leave, health insurance, tuition reimbursement, etc.) for this placement. 0 = no benefits; 1 = partial benefits; 2 = full benefits.	0 = no benefits 1 = partial benefits 2 = full benefits
161	Date of Placement Into Unsubsidized Employment #2	Enter the date on which the participant started the unsubsidized employment.	MM/DD/YYYY
162	Employer Name for Placement Into Unsubsidized Employment #2	Enter the employer's name for the participant's placement into unsubsidized employment.	Text
163	Employer Contact for Placement Into Unsubsidized Employment #2	Enter the contact information for the employer for the participant's placement into unsubsidized employment.	Text
164	Last Date of Employment for Placement into Unsubsidized Employment #2	Enter the last date on which the participant worked for the employer.	MM/DD/YYYY
165	Hourly Wage at Placement for Placement into Unsubsidized Employment #2	Enter the hourly wage for the unsubsidized unemployment at placement.	00.00
166	Number of Hours Worked During the 1st Full Week in Placement into Unsubsidized Employment #2	Enter the number of hours worked during the first full week for the placement into unsubsidized employment..	00
167	Benefits for Placement into Unsubsidized Employment #2	Enter the type of employment benefits (i.e., vacation and sick leave, health insurance, tuition reimbursement, etc.) for this placement. 0 = no benefits; 1 = partial benefits; 2 = full benefits.	0 = no benefits 1 = partial benefits 2 = full benefits

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
168	Repeat Fields 154 to 160 for Additional Jobs	Grantees must be able to collect the above job information for as many jobs as the participant has.	
169	Initial Conviction	If the participant has never been previously convicted but is convicted after enrolling in the program please select yes to record	1 = Yes
170	Date Initial Arrest	Enter the date on which the participant was convicted.	MM/DD/YYYY
171	Re-Arrested/ Re-Incarcerated	<p>Select the appropriate choice from below:</p> <p>Re-arrested for a new crime if the participant is arrested for a new crime.</p> <p>Re-incarcerated for a revocation of the parole or probation order for violations of terms of sentence.</p> <p>Otherwise violated the terms and condition of their sentence if the participant violates his/her parole or probation and is not re-incarcerated. (Note: This option does not count towards the recidivism rate.)</p> <p>Select No if none of the above conditions apply.</p> <p>This field repeats as needed.</p>	<p>1 = Re-arrested for a new crime 2 = Re- incarcerated for a revocation of the parole or probation order for violations of terms of sentence 3 = Otherwise violated the terms and condition of their sentence 4 = No</p>
172	Date Re-Arrested/ Re-Incarcerated	<p>Enter the date on which the participant was re-arrested for a new crime or re-incarcerated for a violation of parole or probation.</p> <p>This field repeats as needed for repeated.</p>	MM/DD/YYYY
173	Date Re-arrested and Released	Enter the date on which the participant was released from custody if the arrest charges were not upheld and the participant was not convicted of the crime for which they were arrested	MM/DD/YYYY

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
174	Date Entered Post-Secondary Education	Enter the date on which the participant enrolled in post-secondary education during program participation.. Leave blank if the participant does not enter post-secondary education during program participation.	MM/DD/YYYY Blank = did not enter post-secondary education
175	Date Entered Registered Apprenticeship Program	Enter the date on which the participant enrolled in registered apprenticeship during program participation.. Leave blank if the participant does not enter a registered apprenticeship program during program participation.	MM/DD/YYYY Blank = did not enter post-secondary education
176	Employer Name for Placement Into Registered Apprenticeship Program	Enter the employer's name for the participant's placement into a registered apprenticeship .	Text
177	Employer Contact for Placement Into Registered Apprenticeship Program	Enter the contact information for the employer for the participant's placement into a registered apprenticeship	Text
178	Last Date of Employment for Placement into Registered Apprenticeship Program	Enter the last date on which the participant worked for the employer.	MM/DD/YYYY
179	Hourly Wage at Placement for Placement into Registered Apprenticeship Program	Enter the hourly wage for the registered apprenticeship at placement.	00.00

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
180	Number of Hours Worked During the 1st Full Week in Placement into Registered Apprenticeship Program	Enter the number of hours worked during the first full week for the placement into a registered apprenticeship.	00
181	Attained Driver's License	Select Yes if the participant earned driver's license otherwise leave blank	1 = Yes

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
SECTION III.C - POST-PROGRAM EMPLOYMENT AND JOB RETENTION DATA			
182	Employed in 1st Quarter After Exit Quarter	Select Yes if the participant was employed in the first quarter after the quarter of exit. Select No if the participant was not employed in the first quarter after the quarter of exit.	1 = Yes 2 = No
183	Type of Employment Match 1st Quarter After Exit Quarter	Use the appropriate code to identify the method used in determining the individual's employment status in the first quarter following the quarter of exit. If the individual is found in more than once source of employment, record the data source for which the individual's earnings are greatest.	1 = UI Wage Records (In-State & WRIS) 2 = Federal Employment Records (OPM, USPS) 3 = Military Employment Records (DOD) 4 = Other Administrative Wage Records 5 = Supplemental through case management, participant survey, and/or verification with the employer Blank = Not Employed.
184	Date of Follow-up for 1st Quarter After the Exit Quarter Employment and Wage Information	Enter the date on which the grantee attempted to contact the participant or employer to obtain information on employment and earnings for the 1st quarter after the exit quarter post-program. Repeat for each follow-up attempt.	MM/DD/YYYY

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
185	Successful Follow-up for 1st Quarter After the Exit Quarter Employment and Wage Information	<p>Enter Yes if the grantee successfully contacted the participant to collect employment and earnings information for the 1st quarter after the exit quarter.</p> <p>Enter No if the grantee did not successfully contact the participant to collect this information.</p> <p>Repeat for each follow-up attempt.</p>	<p>1 = Yes 2 = No</p>
186	Employed in 2nd Quarter After Exit Quarter	<p>Select Yes if the participant was employed in the second quarter after the quarter if exit.</p> <p>Select No if the participant was not employed in the second quarter after the quarter of exit.</p>	<p>1 = Yes 2 = No</p>
187	Type of Employment Match 2nd Quarter After Exit Quarter	<p>Use the appropriate code to identify the method used in determining the individual's employment status in the second quarter following the quarter of exit. If the individual is found in more than once source of employment, record the data source for which the individual's earnings are greatest.</p>	<p>1 = UI Wage Records (In-State & WRIS) 2 = Federal Employment Records (OPM, USPS) 3 = Military Employment Records (DOD) 4 = Other Administrative Wage Records 5 = Supplemental through case management, participant survey, and/or verification with the employer Blank = Not Employed.</p>
188	Hours Worked First Full Week for the 2nd Quarter After the Exit Quarter.	<p>Enter the number of hours worked in the first full week of employment during the 2nd quarter after the exit quarter.</p>	<p>00</p>

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
189	Hourly Wages First Full Week of Work for the 2nd Quarter After the Exit Quarter	Enter the hourly wage for the job listed in the above element for in the first full week of employment during the 2nd quarter after the exit quarter.	00.00
190	Date of Follow-up for 2nd Quarter After the Exit Quarter Employment and Wage Information	Enter the date on which the grantee attempted to contact the participant to obtain information on employment and earnings for the 2nd quarter after the exit quarter post-program. Repeat for each follow-up attempt.	MM/DD/YYYY
191	Successful Follow-up for 2nd Quarter After the Exit Quarter Employment and Wage Information	Enter yes if the grantee successfully contacted the participant to collect employment and earnings information for the 2nd quarter after the exit quarter. Enter no if the grantee did not successfully contact the participant to collect this information. Repeat for each follow-up attempt.	1 = Yes 2 = No
192	Employed in 3rd Quarter After Exit Quarter	Select Yes if the participant was employed in the third quarter after the quarter of exit. Select No if the participant was not employed in the third quarter after the quarter of exit.	1 = Yes 2 = No

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
193	Type of Employment Match 3rd Quarter After Exit Quarter	Use the appropriate code to identify the method used in determining the individual's employment status in the third quarter following the quarter of exit. If the individual is found in more than once source of employment, record the data source for which the individual's earnings are greatest.	1 = UI Wage Records (In-State & WRIS) 2 = Federal Employment Records (OPM, USPS) 3 = Military Employment Records (DOD) 4 = Other Administrative Wage Records 5 = Supplemental through case management, participant survey, and/or verification with the employer Blank = Not Employed.
194	Hours Worked First Full Week for the 3rd Quarter After the Exit Quarter.	Enter the number of hours worked in the first full week of employment during the 3rd quarter after the exit quarter.	00
195	Hourly Wages First Full Week of Work for the 3rd quarter after the exit quarter	Enter the hourly wage for the job listed in the above element for in the first full week of employment during the 3rd quarter after the exit quarter.	00.00
196	Date of Follow-up for 3rd Quarter After the Exit Quarter Employment and Wage Information	Enter the date on which the grantee attempted to contact the participant to obtain information on employment and earnings for the 3rd quarter after the exit quarter post-program. Repeat for each follow-up attempt.	MM/DD/YYYY

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
197	Successful Follow-up for 3rd Quarter After the Exit Quarter Employment and Wage Information	<p>Enter Yes if the grantee successfully contacted the participant to collect employment and earnings information for the 3rd quarter after the exit quarter.</p> <p>Enter No if the grantee did not successfully contact the participant to collect this information.</p> <p>Repeat for each follow-up attempt.</p>	<p>1 = Yes 2 = No</p>
198	Employed in 4th Quarter After Exit Quarter	<p>Select Yes if the participant was employed in the first quarter after the quarter of exit.</p> <p>Select No if the participant was not employed in the first quarter after the quarter of exit.</p>	<p>1 = Yes 2 = No</p>
199	Type of Employment Match 4th Quarter After Exit Quarter	<p>Use the appropriate code to identify the method used in determining the individual's employment status in the first quarter following the quarter of exit. If the individual is found in more than once source of employment, record the data source for which the individual's earnings are greatest.</p>	<p>1 = UI Wage Records (In-State & WRIS) 2 = Federal Employment Records (OPM, USPS) 3 = Military Employment Records (DOD) 4 = Other Administrative Wage Records 5 = Supplemental through case management, participant survey, and/or verification with the employer Blank = Not Employed.</p>

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
200	Date of Follow-up for 4th Quarter After the Exit Quarter Employment and Wage Information	<p>Enter the date on which the grantee attempted to contact the participant or employer to obtain information on employment and earnings for the 1st quarter after the exit quarter post-program.</p> <p>Repeat for each follow-up attempt.</p>	MM/DD/YYYY
201	Successful Follow-up for 4th Quarter After the Exit Quarter Employment and Wage Information	<p>Enter Yes if the grantee successfully contacted the participant to collect employment and earnings information for the 1st quarter after the exit quarter.</p> <p>Enter No if the grantee did not successfully contact the participant to collect this information.</p> <p>Repeat for each follow-up attempt.</p>	<p>1 = Yes</p> <p>2 = No</p>

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
SECTION III.D - POST-PROGRAM WAGE DATA These fields are to be used for wage record data only.			
203	Wages 1st Quarter After Exit Quarter	Record total earnings from wage records for the first quarter after the quarter of exit. Enter 999999.99 if data is not yet available.	000000.00
204	Wages 2nd Quarter After Exit Quarter	Record total earnings from wage records for the second quarter after the quarter of exit. Enter 999999.99 if data is not yet available.	000000.00
205	Wages 3rd Quarter After Exit Quarter	Record total earnings from wage records for the third quarter after the quarter of exit. Enter 999999.99 if data is not yet available.	000000.00
206	Wages 4th Quarter After Exit Quarter	Record total earnings from wage records for the third quarter after the quarter of exit. Enter 999999.99 if data is not yet available.	000000.00

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
SECTION III.E - POST-PROGRAM POST-SECONDARY EDUCATION OR TRAINING			
207	Enrolled in Post-Secondary Education or Training in 1st Quarter After Exit Quarter	Select Yes if the participant was enrolled in post-secondary education or training in the first quarter after the quarter of exit. Select No if the participant was not enrolled in post-secondary education or training in the first quarter after the quarter of exit.	1 = Yes 2 = No
208	Type of Post-Secondary Education or Training 1st Quarter After Exit Quarter	Enter the type of post-secondary education or training that the participant is enrolled in. Advanced Training/Occupational Skills Training – To count as a placement for the Youth Common Measures, advanced training constitutes an organized program of study that provides specific vocational skills that lead to proficiency in performing actual tasks and technical functions required by certain occupational fields at entry, intermediate, or advanced levels. Such training should: (1) be outcome-oriented and focused on a long-term goal as specified in the Individual Service Strategy, (2) be long-term in nature and commence upon program exit rather than being short-term training that is part of services received while enrolled in ETA-funded youth programs, and (3) result in attainment of a certificate (as defined below under this attachment).	1 = Community College, AA degree track 2 = Community College, Certificate track 3 = 4 Year College 4 = Long Term Occupational Skill Training Blank = Not Enrolled in post-secondary education or training
209	Date of Follow-up for 1st Quarter After the Exit Quarter Post-Secondary Education or Training	Enter the date on which the grantee attempted to contact the participant to obtain information on enrollment in post-secondary education or training for the 1st quarter after the exit quarter post-program. Repeat for each follow-up attempt.	MM/DD/YYYY

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
210	Successful Follow-up for 1st Quarter After the Exit Quarter Enrollment in Post-Secondary Education or Training	<p>Enter Yes if the grantee successfully contacted the participant to collect information on enrollment in post-secondary education or training for the 1st quarter after the exit quarter.</p> <p>Enter No if the grantee did not successfully contact the participant to collect this information.</p> <p>Repeat for each follow-up attempt.</p>	<p>1 = Yes 2 = No</p>
211	Enrolled in Post-Secondary Education or Training in 2nd Quarter After Exit Quarter	<p>Select Yes if the participant was enrolled in post-secondary education or training in the second quarter after the quarter of exit.</p> <p>Select No if the participant was not enrolled in post-secondary education or training in the second quarter after the quarter of exit.</p>	<p>1 = Yes 2 = No</p>
212	Type of Post-Secondary Education or Training 2nd Quarter After Exit Quarter	<p>Enter the type of post-secondary education or training that the participant is enrolled in.</p>	<p>1 = Community College, AA degree track 2 = Community College, Certificate track 3 = 4 Year College 4 = Long Term Occupational Skill Training Blank = Not Enrolled in post-secondary education or training</p>
213	Date of Follow-up for 2nd Quarter After the Exit Quarter Enrollment in Post-Secondary Education or Training	<p>Enter the date on which the grantee attempted to contact the participant to obtain information on enrollment in post-secondary education or training for the 2nd quarter after the exit quarter post-program.</p> <p>Repeat for each follow-up attempt.</p>	<p>MM/DD/YYYY</p>

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
214	Successful Follow-up for 3rd Quarter After the Exit Quarter Enrollment in Post-Secondary Education or Training	<p>Enter Yes if the grantee successfully contacted the participant to collect information on enrollment in post-secondary education or training for the 3rd quarter after the exit quarter.</p> <p>Enter No if the grantee did not successfully contact the participant to collect this information.</p> <p>Repeat for each follow-up attempt.</p>	<p>1 = Yes 2 = No</p>
215	Enrolled in Post-Secondary Education or Training in 2nd Quarter After Exit Quarter	<p>Select Yes if the participant was enrolled in post-secondary education or training in the third quarter after the quarter of exit.</p> <p>Select No if the participant was not enrolled in post-secondary education or training in the third quarter after the quarter of exit.</p>	<p>1 = Yes 2 = No</p>
216	Type of Post-Secondary Education or Training 3rd Quarter After Exit Quarter	<p>Enter the type of post-secondary education or training that the participant is enrolled in.</p>	<p>1 = Community College, AA degree track 2 = Community College, Certificate track 3 = 4 Year College 4 = Long Term Occupational Skill Training Blank = Not Enrolled in post-secondary education or training</p>
217	Date of Follow-up for 3rd Quarter After the Exit Quarter Enrollment in Post-Secondary Education or Training	<p>Enter the date on which the grantee attempted to contact the participant to obtain information on enrollment in post-secondary education or training for the 3rd quarter after the exit quarter post-program.</p> <p>Repeat for each follow-up attempt.</p>	<p>MM/DD/YYYY</p>

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
218	Successful Follow-up for 3rd Quarter After the Exit Quarter Enrollment in Post-Secondary Education or Training	<p>Enter Yes if the grantee successfully contacted the participant to collect information on enrollment in post-secondary education or training for the 3rd quarter after the exit quarter.</p> <p>Enter No if the grantee did not successfully contact the participant to collect this information.</p> <p>Repeat for each follow-up attempt.</p>	<p>1 = Yes 2 = No</p>
219	Enrolled in Post-Secondary Education or Training in 4th Quarter After Exit Quarter	<p>Select Yes if the participant was enrolled in post-secondary education or training in the fourth quarter after the quarter of exit.</p> <p>Select No if the participant was not enrolled in post-secondary education or training in the fourth quarter after the quarter of exit.</p>	<p>1 = Yes 2 = No</p>
220	Type of Post-Secondary Education or Training 4th Quarter After Exit Quarter	Enter the type of post-secondary education or training that the participant is enrolled in.	<p>1 = Community College, AA degree track 2 = Community College, Certificate track 3 = 4 Year College 4 = Long Term Occupational Skill Training Blank = Not Enrolled in post-secondary education or training</p>
221	Date of Follow-up for 4th Quarter After the Exit Quarter Enrollment in Post-Secondary Education or Training	<p>Enter the date on which the grantee attempted to contact the participant to obtain information on enrollment in post-secondary education or training for the 4th quarter after the exit quarter post-program.</p> <p>Repeat for each follow-up attempt.</p>	MM/DD/YYYY

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
222	Successful Follow-up for 4th Quarter After the Exit Quarter Enrollment in Post-Secondary Education or Training	<p>Enter Yes if the grantee successfully contacted the participant to collect information on enrollment in post-secondary education or training for the 1st quarter after the exit quarter.</p> <p>Enter No if the grantee did not successfully contact the participant to collect this information.</p> <p>Repeat for each follow-up attempt.</p>	<p>1 = Yes 2 = No</p>

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
SECTION III.F- EDUCATION AND CREDENTIAL DATA			
223	Attained Diploma, GED, or Certificate #1	<p>Select attained a secondary school diploma individual attained a secondary school (high school) diploma recognized by the State.</p> <p>Select attained a GED or high school equivalency diploma if the individual attained a GED or high school equivalency diploma recognized by the State.</p> <p>Select attained a certificate in recognition of attainment of technical or occupational skills if the individual attained a certificate in recognition of attainment of technical or occupational skills.</p> <p>Select did not attain a diploma, GED, or certificate if the individual did not attain a diploma, GED, or certificate.</p>	<p>1 = Attained a secondary school (high school) diploma.</p> <p>2 = Attained a GED or high school equivalency diploma.</p> <p>3 = Attained a certificate in recognition of attainment of technical or occupational skills.</p> <p>4 = Did not attain a diploma, GED, or certificate.</p>
224	Date Attained Degree or Certificate #1	<p>Record the date on which the individual attained a diploma, GED, or certificate.</p> <p>Leave "blank" if the individual did not attain a diploma, GED, or certificate.</p>	<p>MM/DD/YYYY</p> <p>Blank = did not attain diploma, GED, or certificate</p>
225	Specify the Name of Certificate #1	<p>Specify the name of the first certificate achieved.</p> <p>Leave blank if no certificate was achieved.</p>	<p>Text</p> <p>Blank = no certificate achieved</p>

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
226	Attained Diploma, GED, or Certificate #2	<p>Select attained a secondary school diploma individual attained a secondary school (high school) diploma recognized by the State.</p> <p>Select attained a GED or high school equivalency diploma if the individual attained a GED or high school equivalency diploma recognized by the State.</p> <p>Select attained a certificate in recognition of attainment of technical or occupational skills if the individual attained a certificate in recognition of attainment of technical or occupational skills.</p> <p>Select did not attain a diploma, GED, or certificate if the individual did not attain a diploma, GED, or certificate.</p>	<p>1 = Attained a secondary school (high school) diploma.</p> <p>2 = Attained a GED or high school equivalency diploma.</p> <p>3 = Attained a certificate in recognition of attainment of technical or occupational skills.</p> <p>4 = Did not attain a diploma, GED, or certificate</p>
227	Date Attained Degree or Certificate #2	<p>Record the date on which the individual attained a diploma, GED, or certificate.</p> <p>Leave "blank" if the individual did not attain a diploma, GED, or certificate.</p>	<p>MM/DD/YYYY</p> <p>Blank = did not attain diploma, GED, or certificate</p>
228	Specify the Name of Certificate #2	<p>Specify the name of the second certificate achieved.</p> <p>Leave blank if no certificate was achieved.</p>	<p>Text</p> <p>Blank = no certificate achieved</p>

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
SECTION III.G - ADDITIONAL LITERACY AND NUMERACY ASSESSMENT DATA			
229	Category of Assessment	Record 1 if the participant was assessed using approved tests for Adult Basic Education (ABE) Record 2 if the participant was assessed using approved tests for English-As-A-Second Language (ESL) Record 0 or leave "blank" if the individual was not assessed in literacy or numeracy.	1 = ABE 2 = ESL
229	Type of Assessment Test	Use the appropriate code to record the type of assessment test that was administered to the youth participant. Record 0 or leave "blank" if the individual was not assessed in literacy or numeracy.	1 = TABE 7-8, 9-10 2 = CASAS 3 = ABLE 4 = WorkKeys 5 = SPL 6 = BEST 7 = BEST Plus 8 = Other Approved Assessment Tool
229	Functional Area	Use the appropriate code for the functional area of the assessment test that was administered to the youth participant. Record 0 or leave "blank" if the individual was not assessed in literacy or numeracy.	1 = Reading 2 = Writing 3 = Language 4 = Mathematics 5 = Speaking 6 = Oral 7 = Other Literacy Functional Area 8 = Other Numeracy Functional Area
229	Date Administered Pre-Test	Record the date on which the pre-assessment test was administered to the youth participant. Leave "blank" if the individual was not assessed in literacy or numeracy.	YYYYMMDD
229	Pre-Test Score	Record the raw scale score achieved by the youth participant on the pre-assessment test. Record 000 or leave "blank" if the individual was not assessed in literacy or numeracy.	000

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
229	Educational Functioning Level	Record the educational functioning level that is associated with the youth participant's raw scale score. Record 0 or leave "blank" if the individual was not assessed in literacy or numeracy.	1 = Beginning ABE/ESL Literacy 2 = Beginning ABE/ESL Basic Education 3 = Low Intermediate ABE/ESL Education 4 = High Intermediate ABE/ESL Education 5 = Low Adult Secondary Education/Advanced ESL 6 = High Adult Secondary Education/Advanced ESL
229	Date Administered Post-Test #1	Record the date on which the post-test was administered to the youth during his/her first year of participation in the program. If multiple post-tests were administered, record the most recent date on which the functional area post-test was administered. Leave "blank" if the youth did not receive a post-test during his/her first year of participation in the program.	YYYYMMDD
229	Post-Test Score #1	Record the raw scale score achieved by the youth participant. Record 000 or leave "blank" if the youth did not receive a post-test during his/her first year of participation in the program.	000

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
229	Educational Functioning Level #1	<p>Record the educational functioning level that is associated with the youth participant's raw scale score.</p> <p>Record 0 or leave "blank" if the youth did not receive a post-test during his/her first year of participation in the program.</p>	<p>1 = Beginning ESL Literacy 2 = Low Beginning ESL Basic Education 3 = Beginning ABE Literacy/High Beginning ESL Literacy 4 = ABE: Beginning Basic Education or ESL: Low Intermediate ESL 5 = ABE:Low Intermediate Basic Education or ESL: High Intermediate ESL 6 = ABE: High Intermediate Basic Education or Advanced ESL 7= ABE: Low Adult Secondary Education or ESL: Exit ESL 8= ABE: High Adult Secondary Education (Not Basic Skills Deficient)</p>

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
229	Date Administered Post-Test #2	<p>Record the date on which the post-test was administered to the youth during his/her second year of participation in the program. If multiple post-tests were administered, record the most recent date on which the functional area post-test was administered.</p> <p>Leave "blank" if the youth did not receive a post-test during his/her second year of participation in the program.</p> <p><u>Additional Note:</u> For WIASRD Elements #710-712, these fields are <u>only reported</u> for youth who remain basic skills deficient and continue to participate in the program for a second full year. At the completion of the second year, the individual should be post-tested and the information reported in these fields. To determine an increase of one or more levels, the individual's post-test scores from the second year in the program will be compared to the scores from the test that was administered at the latest point during the first year.</p>	YYYYMMDD
229	Post-Test Score #2	<p>Record the raw scale score achieved by the youth participant.</p> <p>Record 000 or leave "blank" if the youth did not receive a post-test during his/her second year of participation in the program.</p>	000
229	Educational Functioning Level #2	<p>Record the educational functioning level that is associated with the youth participant's raw scale score.</p> <p>Record 0 or leave "blank" if the youth did not receive a post-test during his/her second year of participation in the program.</p>	<p>1 = Beginning ABE/ESL Literacy 2 = Beginning ABE/ESL Basic Education 3 = Low Intermediate ABE/ESL Education 4 = High Intermediate ABE/ESL Education 5 = Low Adult Secondary Education/Advanced ESL 6 = High Adult Secondary Education/Advanced ESL</p>

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
229	Date Administered Post-Test #3	<p>Record the date on which the post-test was administered to the youth during his/her third year of participation in the program. If multiple post-tests were administered, record the most recent date on which the functional area post-test was administered.</p> <p>Leave "blank" if the youth did not receive a post-test during his/her third year of participation in the program.</p> <p><u>Additional Note:</u> For WIASRD Elements #713-715, these fields are <u>only reported</u> for youth who remain basic skills deficient and continue to participate in the program for a third full year. At the completion of the third year, the individual should be post-tested and the information reported in these fields. To determine an increase of one or more levels, the individual's post-test scores from the third year in the program will be compared to the scores from the test that was administered at the completion of the second year.</p>	YYYYMMDD
229	Post-Test Score #3	<p>Record the raw scale score achieved by the youth participant.</p> <p>Record 000 or leave "blank" if the youth did not receive a post-test during his/her third year of participation in the program.</p>	000
229	Educational Functioning Level #3	<p>Record the educational functioning level that is associated with the youth participant's raw scale score.</p> <p>Record 0 or leave "blank" if the youth did not receive a post-test during his/her third year of participation in the program.</p>	<p>1 = Beginning ABE/ESL Literacy 2 = Beginning ABE/ESL Basic Education 3 = Low Intermediate ABE/ESL Education 4 = High Intermediate ABE/ESL Education 5 = Low Adult Secondary Education/Advanced ESL 6 = High Adult Secondary Education/Advanced ESL</p>

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	VALID VALUES
229	Information on Additional Functional Areas	The collection of ABE/ESL assessment data for youth who are basic skills deficient is organized according to the Type of Assessment Test and Functional Area, providing space for the collection of up to 3 annual post-test scores in each functional area. Additional space has been provided on the record layout so that information on youth achievement in more than one functional area (e.g., reading, mathematics) can be reported as needed to fully reflect progress toward literacy or numeracy gains. For example, if the youth is assessed using TABE 9-10 in Reading and Math, data elements 702-715 will be used to track achievement in the Reading functional area (if necessary, for up to 3 full years) and then repeat to track achievement in the Math functional area (if necessary, for up to 3 full years) using the additional spaces 716-729 provided on the record layout.	