

**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 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		
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		<i>numerator</i>	<i>numerator</i>
		<i>denominator</i>	<i>denominator</i>
2. Placed in Employment or Education		<i>numerator</i>	<i>numerator</i>
		<i>denominator</i>	<i>denominator</i>
3. Attained Degree or Certificate		<i>numerator</i>	<i>numerator</i>
		<i>denominator</i>	<i>denominator</i>
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

OMB No. 1205-0422  
Expires: 12/31/2009

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)
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B. CUSTOMER SUMMARY INFORMATION			
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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		
	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		

C. CUSTOMER SERVICES AND ACTIVITIES			
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1. Core Services			
2. Intensive Services			
3. Training Services			
3a. Basic Skills or Literacy Activities			
3b. Occupational Skills Training			
3c. On-the-Job Training			
3d. Entrepreneurial and Small Business Training			
3e. Other Training Services			

D. PERFORMANCE RESULTS (OPTIONAL)						
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1. Additional Grantee Determined Measure		numerator		numerator		numerator
		denominator		denominator		denominator
2. Additional Grantee Determined Measure		numerator		numerator		numerator
		denominator		denominator		denominator
3. Additional Grantee Determined Measure		numerator		numerator		numerator
		denominator		denominator		denominator

E. REPORT CERTIFICATION/ADDITIONAL COMMENTS
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1. Report Comments/Narrative:
<p style="font-size: small; margin: 0;">Public Burden Statement: This reporting requirement is approved under the Paperwork Reduction Act of 1995, OMB Control No. 1205-0422. Persons are not required to respond to this collection of information unless it displays a currently valid OMB number and expiration date. Public reporting burden for this collection of information, which is required for obtaining or retaining benefits (PL 105-220, Sec. 166), is estimated to average 24 hours per response, including time for reviewing instructions, searching existing data sources, gathering and reviewing the collection of information. The reason for the collection of information is general program oversight, evaluation and performance assessment. Send comments regarding this burden, to the U.S. Department of Labor, Employment and Training Administration, Indian and Native American Programs, 200 Constitution Avenue, NW, Room S-4206, Washington, D.C. 20210.</p>

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