

YOUTH SERVED WITH WIA RECOVERY ACT RESOURCES MONTHLY REPORT



OMB No. 1205-0474

Expires: 11/30/2009

ETA Form: ETA-9149 Report Due Date: mm/dd/yyyy Report Month End Date: mm/dd/yyyy

State: _____

Performance Items			Current Month (A)		Previous Month (B)		Program-to-Date (C)		
A. PARTICIPANT SUMMARY INFORMATION									
	1.	Total number of <u>new</u> participants served							
	2.	Total number of participants served							
der		3a. Male							
Gender		3b. Female							
	4.	Ethnicity: Hispanic/Latino							
		5a. American Indian or Alaska Native							
Race		5b. Asian							
		5c. Black or African-American							
		5d. Hawaiian Native or Other Pacific Islander							
		5e. White							
<u>.</u>		6a. 8th grade and under							
Lev		6b. 9th grade - 12th grade							
Education Level		6c. High School graduate or equivalent							
luca		6d. 1 - 3 years of college, or full-time technical or vocational school							
ш		6e. 4 years college or more							
Status		7a. In-school youth							
School Status		7b. Out-of-school youth							
		8a. 14 - 18							
Age		8b. 19 - 21							
`		8c. 22 - 24							
	9.	Individuals with disabilities							
	10.	. Eligible Veterans							
	11.	. Number of participants placed in summer employment							
		. Number of participants placed in work experiences outside of the summer months							
	13.	. Number of participants served receiving educational achievement services							
		Number of participants transitioning into unsubsidized employment							
		. Number of participants receiving additional support services for youth							
		Number of participants receiving leadership development opportunities							
	17.	Number of participants receiving follow up services							
	18.	Number of summer employment participants enrolled in services beyond summer employment							
	Performance Items			Current Month (A)		Previous Month (B)		Program-to-Date (C)	
			Value	Numerator Denominator	Value	Numerator Denominator	Value	Numerator Denominator	
B. LEADING INDICATORS of PERFORMANCE									
Work readiness attainment rate									
	2.	Summer employment completion rate							
C. REPORT CERTIFICATION/ADDITIONAL COMMENTS									
Grantee Remarks:									
Name of Grantee Certifying Official:			Telephone Number:			Email:			