

| No. | DATA ELEMENT NAME |
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TABLE 1

PARTICIPANT SUMMARY INFORM.

| | |
|---|---------------------------|
| 1 | Name |
| 2 | Date of Birth |
| 3 | Gender |
| 4 | Race |
| 5 | Hispanic/Latino Ethnicity |
| 6 | School Status |
| 7 | Incumbent Worker Status |

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|----|------------------------------|
| 8 | Eligible Veteran Status |
| 9 | Individual with a Disability |
| 10 | Pell-grant eligible |
| 11 | TAA eligible |
| 12 | Other Demographic Measure |

PARTICIPANT OUTCOMES (INFOR

| | |
|----|----------------------------------------------|
| 13 | Date of Enrollment |
| 14 | Date of Program Completion |
| 15 | Continued Enrollment in Grant-Funded Program |
| 16 | Continued Enrollment in Other Education |
| 17 | Number of Credit Hours Completed |
| 18 | Total Number of Earned Credentials |
| 19 | Earned Certificate in Less Than One Year |
| 20 | Earned Certificate in More Than One Year |
| 21 | Earned Degree |
| 22 | Entered Another Education Program |
| 23 | Date of Placement Into Employment. |
| 24 | Entered Employment |
| 25 | Retained in Employment |

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| 26 | Wage Increase for Incumbent Workers |
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TABLE 2

PARTICIPANT SUMMARY INFORM.

| | |
|----|---------------------------|
| 27 | Name |
| 28 | Date of Birth |
| 29 | Gender |
| 30 | Race |
| 31 | Hispanic/Latino Ethnicity |
| 32 | School Status |
| 33 | Incumbent Worker Status |

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|------------------------------------|------------------------------|
| 34 | Eligible Veteran Status |
| 35 | Individual with a Disability |
| 36 | Pell-grant eligible |
| 37 | TAA eligible |
| 38 | Other Demographic Measure |
| 39 | Basic Skills Deficiency |
| PARTICIPANT OUTCOMES (INFOR | |
| 40 | Date of Enrollment |
| 41 | Program of Enrollment |

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| 42 | College of Enrollment |
| 43 | Expected Length of Program |
| 44 | Date of Program Completion |
| 45 | Demonstrated Skills Gains for Basic Skills Deficient |
| 46 | Success in Credit-Bearing Courses for Basic Skills Deficient |
| 47 | Continued Enrollment in Grant-Funded Program |
| 48 | Continued Enrollment in Other Education |
| 49 | Number of Credit Hours Completed |
| 50 | Total Number of Earned Credentials |
| 51 | Earned Certificate in Less Than One Year |
| 52 | Earned Certificate in More Than One Year |
| 53 | Earned Degree |
| 54 | Entered Another Education Program |
| 55 | Date of Placement Into Employment. |

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| 56 | Entered Employment |
| 57 | Retained in Employment |
| 58 | Six-Month Earnings |

| DATA ELEMENT DEFINITIONS/INSTRUCTIONS | VALID VALUES |
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| ATTENTION (INFORMATION SHOULD BE COLLECTED FROM ALL PARTICIPANTS) | |
| Record the individual's first name, last name, and middle initial (optional) | Text box |
| Record the individual's date of birth. | MM/DD/YYYY |
| Indicate the participant's gender by selecting Male or Female . Leave blank if the individual does not wish to disclose his/her gender. | 1 = Male 2 = Female Blank = no self-disclosure |
| Indicate the participant's race by selecting American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, or more than one race . Leave blank if the individual does not wish to disclose his/her race. | 1 = American Indian or Alaskan Native 2 = Asian 3 = Black or African American 4 = Hawaiian Native or Pacific Islander 5 = White 6 = More Than One Race Blank = no self-disclosure |
| Select yes or no . Leave blank if the individual does not wish to disclose his/her ethnicity. | 1 = Yes 2 = No Blank = no self-disclosure |
| Select full-time or part-time . Leave blank if the individual is neither a full-time or a part-time student (e.g., non-credit enrollments, etc.). | 1 = Full-time 2 = Part-time Blank = other |
| Select yes or no . Leave blank if the individual does not wish to disclose his/her employment status. | 1 = Yes 2 = No Blank = no self-disclosure |

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| <p>Select yes, <= 180 days if the individual is a person who served in the active U.S. military, naval, or air service for a period of less than or equal to 180 days, and who was discharged or released from such service under conditions other than dishonorable.</p> <p>Select yes, eligible veteran if the individual served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge; or was discharged or released because of a service connected disability; or as a member of a reserve component under an order to active duty pursuant to section 167 (a), (d), or, (g), 673 (a) of Title 10, U.S.C., served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized and was discharged or released from such duty with other than a dishonorable discharge.</p> <p>Select yes, other eligible person if the individual is a person who is (a) the spouse of any person who died on active duty or of a service-connected disability, (b) the spouse of any member of the Armed Forces serving on active duty who at the time of application for assistance under this part, is listed, pursuant to 38 U.S.C 101 and the regulations issued thereunder, by the Secretary concerned, in one or more of the following categories and has been so listed for more than 90 days: (i) missing in action; (ii) captured in the line of duty by a hostile force; or (iii) forcibly detained or interned in the line of duty by a foreign government or power; or (c) the spouse of any person who has a total disability permanent in nature resulting from a service-connected disability or the spouse of a veteran who died while a disability so evaluated was in existence.</p> <p>Select no if the individual does not meet any one of the conditions described above.</p> | <p>1 = Yes, <= 180 days 2 = Yes, Eligible Veteran 3 = Yes, Other Eligible Person 4 = No</p> |
| <p>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.)</p> <p>Select no if the individual indicates that he/she does not have a disability that meets the definition.</p> <p>Leave blank if the individual does not wish to self-identify.</p> | <p>1 = Yes 2 = No Blank = no self-disclosure</p> |
| <p>Select yes or no.</p> <p>Leave blank if the individual is not pursuing financial aid or does not wish to disclose his/her eligibility for Pell grants.</p> | <p>1 = Yes 2 = No Blank = no self-disclosure</p> |
| <p>Select yes or no.</p> | <p>1 = Yes 2 = No</p> |
| <p>Optional - Determined by grantee (e.g., basic skills deficiency)</p> <p>Leave blank if the participant does not wish to disclose or if no additional demographic measures are collected.</p> | <p>1 = Yes 2 = No Blank = no self-disclosure</p> |

INFORMATION SHOULD BE COLLECTED FROM ALL PARTICIPANTS)

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| Record the date the individual enrolled. | MM/DD/YYYY |
| Record the date the individual completed a grant-funded credential program. | MM/DD/YYYY |
| Record Yes or No if the individual is still enrolled in the original or a new grant-funded program. Leave blank if the individual has completed a grant-funded program. | 1 = Yes 2 = No Blank = not eligible to be counted in this field |
| Record Yes or No if the individual is still enrolled in other (non-grant-funded) education programs. Leave blank if the individual has completed a grant-funded program. | 1 = Yes 2 = No Blank = not eligible to be counted in this field |
| Record the number of credit hours completed during each reporting year. | Numerical field - max three digits |
| Record the number of credentials earned during each reporting year. | Numerical field - max three digits |
| Record Yes or No if the individual earned a certificate in less than one year. | 1 = Yes 2 = No |
| Record Yes or No if the individual earned a certificate in more than one year. | 1 = Yes 2 = No |
| Record Yes or No if the individual earned a degree. | 1 = Yes 2 = No |
| Record Yes or No if the individual entered another educational program or enrolled in further education after completing a grant-funded program. Leave blank if the individual has not completed a grant-funded program. | 1 = Yes 2 = No Blank = not eligible to be counted in this field |
| Record the date the individual was placed into employment. Leave blank if the individual did not complete a grant-funded program or did not enter employment. | MM/DD/YYYY Blank = not eligible to be counted or did not enter employment |
| Record Yes or No if the individual entered employment in the quarter after completing a grant-funded program. Leave blank if the individual has not completed a grant-funded program. | 1 = Yes 2 = No Blank = not eligible to be counted in this field |
| Record Yes or No if the individual retained employment in both the first and second quarters after entering employment. Leave blank if the individual has not entered employment. | 1 = Yes 2 = No Blank = not eligible to be counted in this field |

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| Record Yes or No if the individual was an incumbent worker at enrollment and received a wage increase at any time after becoming enrolled. Leave blank if the individual was not an incumbent worker. | 1 = Yes 2 = No Blank = not eligible to be counted in this field |
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ADDITIONAL INFORMATION (INFORMATION SHOULD BE COLLECTED FROM INDIVIDUALS IN THE PARTICIPANT)

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| Record the individual's first name, last name, and middle initial (optional) | Text box |
| Record the individual's date of birth. | MM/DD/YYYY |
| Indicate the participant's gender by selecting Male or Female . Leave blank if the individual does not wish to disclose his/her gender. | 1 = Male 2 = Female Blank = no self-disclosure |
| Indicate the participant's race by selecting American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, or more than one race . Leave blank if the individual does not wish to disclose his/her race. | 1 = American Indian or Alaskan Native 2 = Asian 3 = Black or African American 4 = Hawaiian Native or Pacific Islander 5 = White 6 = More Than One Race Blank= no self-disclosure |
| Select yes or no . Leave blank if the individual does not wish to disclose his/her ethnicity. | 1 = Yes 2 = No Blank = no self-disclosure |
| Select full-time or part-time . Leave blank if the individual is neither a full-time or a part-time student (e.g., non-credit enrollments, etc.). | 1 = Full-time 2 = Part-time Blank = other |
| Select yes or no . Leave blank if the individual does not wish to disclose his/her employment status. | 1 = Yes 2 = No Blank = no self-disclosure |

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| <p>Select yes, <= 180 days if the individual is a person who served in the active U.S. military, naval, or air service for a period of less than or equal to 180 days, and who was discharged or released from such service under conditions other than dishonorable.</p> <p>Select yes, eligible veteran if the individual served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge; or was discharged or released because of a service connected disability; or as a member of a reserve component under an order to active duty pursuant to section 167 (a), (d), or, (g), 673 (a) of Title 10, U.S.C., served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized and was discharged or released from such duty with other than a dishonorable discharge.</p> <p>Select yes, other eligible person if the individual is a person who is (a) the spouse of any person who died on active duty or of a service-connected disability, (b) the spouse of any member of the Armed Forces serving on active duty who at the time of application for assistance under this part, is listed, pursuant to 38 U.S.C 101 and the regulations issued thereunder, by the Secretary concerned, in one or more of the following categories and has been so listed for more than 90 days: (i) missing in action; (ii) captured in the line of duty by a hostile force; or (iii) forcibly detained or interned in the line of duty by a foreign government or power; or (c) the spouse of any person who has a total disability permanent in nature resulting from a service-connected disability or the spouse of a veteran who died while a disability so evaluated was in existence.</p> | <p>1 = Yes, <= 180 days 2 = Yes, Eligible Veteran 3 = Yes, Other Eligible Person 4 = No</p> |
| <p>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.)</p> <p>Select no if the individual indicates that he/she does not have a disability that meets the definition.</p> <p>Leave blank if the individual does not wish to self-identify.</p> | <p>1 = Yes 2 = No Blank = no self-disclosure</p> |
| <p>Select yes or no.</p> <p>Leave blank if the individual is not pursuing financial aid or does not wish to disclose his/her eligibility for Pell grants.</p> | <p>1 = Yes 2 = No Blank = no self-disclosure</p> |
| <p>Select yes or no.</p> | <p>1 = Yes 2 = No</p> |
| <p>Optional - Determined by grantee</p> <p>Leave blank if the participant does not wish to disclose or if no additional demographic measures are collected.</p> | <p>1 = Yes 2 = No Blank = no self-disclosure</p> |
| <p>Select yes or no.</p> | <p>1 = Yes 2 = No</p> |
| <p>INFORMATION SHOULD BE COLLECTED FROM INDIVIDUALS IN THE PARTICIPANT AND COMPANION</p> | |
| <p>Record the date the individual's cohort started training.</p> | <p>MM/DD/YYYY</p> |
| <p>Indicate the program of study in which the individual is enrolled.</p> | <p>Text box</p> |

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| Indicate the college at which the individual is enrolled (for consortia grantees only) | Text box |
| Enter the expected completion date for the individual. | MM/DD/YYYY |
| Record the date the individual completed this program of study. | MM/DD/YYYY |
| Record Yes or No if the individual was identified as basic skills deficient and achieved demonstrated skills gains at any time after becoming enrolled. Leave blank if the individual was not identified as basic skills deficient. | 1 = Yes 2 = No Blank = not eligible to be counted in this field |
| Record Yes or No if the individual was identified as basic skills deficient and achieved success in credit-bearing courses Leave blank if the individual was not identified as basic skills deficient. | 1 = Yes 2 = No Blank = not eligible to be counted in this field |
| Record Yes or No if the individual is still enrolled in the original program of study. Leave blank if the individual has completed the program. | 1 = Yes 2 = No Blank = not eligible to be counted in this field |
| Record Yes or No if the individual is still enrolled in any other program of study. Leave blank if the individual has completed the original program. | 1 = Yes 2 = No Blank = not eligible to be counted in this field |
| Record the number of credit hours completed in this program during each reporting year. | Numerical field - max three digits |
| Record the number of credentials earned in this program during each reporting year. | Numerical field - max three digits |
| Record Yes or No if the individual earned a certificate in this program in less than one year. | 1 = Yes 2 = No |
| Record Yes or No if the individual earned a certificate in this program in more than one year. | 1 = Yes 2 = No |
| Record Yes or No if the individual earned a degree in this program. | 1 = Yes 2 = No |
| Record Yes or No if the individual entered another educational program or enrolled in further education after completing this program. Leave blank if the individual has not completed this program. | 1 = Yes 2 = No Blank = not eligible to be counted in this field |
| Record the date the individual was placed into employment. Leave blank if the individual did not complete this program or did not enter employment. | MM/DD/YYYY Blank = not eligible to be counted or did not enter employment |

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| <p>Record Yes or No if the individual entered employment in the quarter after completing this program of study.</p> <p>Leave blank if the individual has not completed this program of study.</p> | <p>1 = Yes 2 = No Blank = not eligible to be counted in this field</p> |
| <p>Record Yes or No if the individual retained employment in both the first and second quarters after entering employment.</p> <p>Leave blank if the individual has not entered employment.</p> | <p>1 = Yes 2 = No Blank = not eligible to be counted in this field</p> |
| <p>Enter the total six-month gross earnings for the second and third quarters after completing this program of study.</p> <p>Leave blank if the individual was not placed into employment during the first quarter after completion.</p> | <p>1 = Yes 2 = No Blank = not eligible to be counted in this field</p> |

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If an individual is not an incumbent worker upon enrollment, he or she should not be counted in this field.



AND COMPARISON COHORTS ONLY)

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An individual's status in this field may change over time if he or she completes the program. Once the program is completed, an individual should not be counted in this field.

If the original program is completed, an individual should not be counted in this field.

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If this program of study is not completed, an individual should not be counted in this field.

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If this program of study is not completed, an individual should not be counted in this field.

If this individual did not enter employment, he or she should not be counted in this field.

If this individual did not enter employment, he or she should not be counted in this field.