

**ANNUAL PERFORMANCE REPORT - Table 1
TAA COMMUNITY COLLEGE and CAREER TRAINING GRANTS**

Expires: xx/xxxx

OMB No. 1205-0xxx

A. GRANTEE IDENTIFYING INFORMATION

1. Grantee Name:	2. Grantee Number:
3. Program/Project Name:	
4. Grantee Address:	5. Report Year End Date:
City _____ State _____ Zip Code _____	6. Report Due Date:

Performance Items	Year 1 (A) <small>(REPORT IF AVAILABLE)</small>	Year 2 (B)	Year 3 (C)
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B. CUMULATIVE PARTICIPANT OUTCOMES (ALL GRANT PARTICIPANTS)

1. Unique Participants Served/Enrollees			
2. Total Number of Participants Who Have Completed a Grant-Funded Programs of Study			
2a. Total Number of Grant-Funded Program of Study Completers Who Are Incumbent Workers			
3. Total Number Still Retained in Their Programs of Study (or Other Grant-Funded Programs)			
4. Total Number Retained in Other Education Program(s)			
5. Total Number of Credit Hours Completed (aggregate across all enrollees)			
5a. Total Number of Students Completing Credit Hours			
6. Total Number of Earned Credentials (aggregate across all enrollees)			
6a. Total Number of Students Earning Certificates - Less Than One Year (aggregate across all enrollees)			
6b. Total Number of Students Earning Certificates - More Than One Year (aggregate across all enrollees)			
6c. Total Number of Students Earning Degrees (aggregate across all enrollees)			
7. Total Number Pursuing Further Education After Program of Study Completion			
8. Total Number Employed After Program of Study Completion			
9. Total Number Retained in Employment After Program of Study Completion			
10. Total Number of Those Employed at Enrollment Who Receive a Wage Increase Post-Enrollment			

C. CUMULATIVE PARTICIPANT SUMMARY INFORMATION (ALL GRANT PARTICIPANTS)

Gender	1a. Male			
	1b. Female			
Ethnicity / Race	2a. Hispanic/Latino			
	2b. American Indian or Alaskan Native			
	2c. Asian			
	2d. Black or African American			
	2e. Native Hawaiian or Other Pacific Islander			
	2f. White			
	2g. More Than One Race			
Degree	3a. Full-time Status			
	3b. Part-time Status			
Other Demographics	4. Incumbent Workers			
	5. Eligible Veterans			
	6. Participant Age (Mean)			
	7. Persons with a Disability			
	8. Pell-Grant Eligible			
	9. TAA Eligible			
	10. Other Demographic Measure (Optional - Entered by Applicant)			

D. ACHIEVEMENTS AND SUCCESSES

1. Summarize your most innovative achievement or your greatest success story from the previous year.
Please limit your response to 700 characters.

E. IMPLEMENTATION AND EVALUATION OF EVIDENCE-BASED OR TECHNOLOGY-ENABLED STRATEGIES (for grantees who received funding that exceeded the award ceiling only)

1. As appropriate based on your statement of work, how you have replicated strategies based on strong to moderate evidence at multiple sites , OR how you have taken online and technology-enabled courses and learning projects to scale beyond the community level to reach significant numbers of diverse students over a large geographic area, as identified in your application.
Please limit your response to 700 characters.

2. As appropriate based on your statement of work, describe any efforts you are undertaking to conduct a rigorous evaluation to identify the impact of project strategies on employment and educational outcomes, OR how you are enabling the wide-spread use of program materials and how the program is improving learning outcomes. Grantees are encouraged to work with third party evaluation experts to conduct such evaluations.
Please limit your response to 700 characters.

F. SERVICES and OUTCOMES for TAA ELIGIBLE INDIVIDUALS

1. Provide a description of how the program(s) have served TAA eligible individuals. Specifically, address: 1) the number of TAA Eligible individuals who participated in TAACCCT funded programs, 2) how many TAA Eligible individuals enrolled and obtained credentials, certificates or degrees, 3) how many TAA Eligible Individuals enrolled and did not attain credentials, certificates or degrees, and 4) the average duration and whether the duration of education and training was longer or shorter for these individuals than for other non-TAA eligible participants. You may use observations or participant records to compile and summarize this information.
Please limit your response to 700 characters.

**ANNUAL COHORT PERFORMANCE REPORT - Table 2
TAA COMMUNITY COLLEGE and CAREER TRAINING GRANTS**

Expires: xx/xxxx

Performance Items	Year 1 (A)		Year 2 (B)		Year 3 (C)		
	Program Participants	Comparison Cohort	Program Participants	Comparison Cohort	Program Participants	Comparison Cohort	
A. ACCELERATION OF PROGRESS FOR LOW-SKILLED AND OTHER WORKERS (Report only as applicable)							
1a. Number of Students Enrolled with a Basic Skills Deficiency	Methodology year (report only as applicable)	Pilot year - test methodology in this column and report in aggregate					
1b. Number of Students with Demonstrated Skills Gains Toward a Certificate/Degree							
1c. Number of Students with Success in Credit-Bearing Courses							
B. STUDENT PROGRESS BY PROGRAM (PARTICIPANT AND COMPARISON COHORTS ONLY): PROGRAM OF STUDY 1							
1. Program:	Methodology year (report only as applicable)	Pilot year - test methodology and report in this column for Program 1					
2. Colleges offering the program (for consortia only):							
3. Typical/Expected Length of Program:			4. Cohort Start Date(s):				
5. Total Number of Students in Cohort (new students enrolled in program of study at cohort start date)							
6. Total Number of Students Completing This Program							
6a. Total Number of Completers in This Program Who Are Incumbent Workers							
7. Total Number of Students Retained in This Program							
8. Total Number of Students Retained in Other Education Program(s)							
9. Total Number of Program Credit Hours Completed by Students							
9a. Total Number of Students Completing Credit Hours in This Program							
10. Total Number of Earned Credentials in This Program							
10a. Total Number of Students Earning Certificates in This Program - Less Than One Year							
10b. Total Number of Students Earning Certificates in This Program - More Than One Year							
10c. Total Number of Students Earning Degrees							
11. Total Number Pursuing Further Education After Program of Study Completion							
12. Number of Non-Hispanic White Graduates Employed After Program Completion							
13. Number of Non-White (Hispanic or Non-Hispanic) Graduates Employed After Program Completion							
14. Entered Employment Rate for All Graduates for This Program							
15. Number of Graduates Retained in Employment							
16. Employment Retention Rate for This Program							
17. Average Program Graduate Six-Month Earnings (gross)							
C. SUMMARY STUDENT INFORMATION (PARTICIPANT AND COMPARISON COHORTS ONLY) - PROGRAM OF STUDY 1							
Gender	1a. Male	year (report only as applicable)	and report aggregate across programs in this column				
	1b. Female						
Ethnicity / Race	2a. Hispanic/Latino						
	2b. American Indian or Alaskan Native						
	2c. Asian						
	2d. Black or African American						
	2e. Native Hawaiian or Other Pacific Islander						
	2f. White						
	2g. More Than One Race						
Degree	3a. Full-time Status						
	3b. Part-time Status						

Other Demographics	4. Incumbent Workers	Methodology	Pilot year - test methodology				
	5. Eligible Veterans						
	6. Participant Age (mean)						
	7. Persons with a Disability						
	8. Pell-grant eligible						
	9. TAA-eligible						
	10. Other Demographic Measure (Optional - Entered by Applicant)						

D. COMPARISON COHORT DESCRIPTION FOR PROGRAM OF STUDY 1

1. For Year 1, describe how the comparison cohort was identified, selected, and how it will be tracked during years two and three of the grant. If the comparison cohort is selected from a recent sample of students, describe the process for making this decision and the process that followed for selection. Address how the requirements for matching age and gender were met. Grantees should also describe the process for deciding how to group the programs of study, and provide the final program groupings that will be tracked. For Years 2 and 3, continue to report on the progress of tracking the participant and comparison cohorts through these programs, including any challenges or issues that have emerged due to cohort identification and selection.

Please limit your response to 700 characters.

E. REPORT CERTIFICATION/ADDITIONAL COMMENTS

1. Report Comments/Narrative:
 Comments only should be provided as a discussion of the grantee's response to the reporting instructions found under Section X.X in "TAA".

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

Persons are not required to respond unless this form displays a currently valid OMB number. Obligation to respond is required to obtain or retain benefits (Workforce Investment Act [Section 185(a)(2)]. Public reporting burden for this collection of information, which is to assist with planning and program management and to meet Congressional and statutory requirements, averages 48 hours per response, including time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information. Send comments regarding this burden estimate to the U.S. Department of Labor, ETA, Room N-4643, 200 Constitution Avenue, NW, Washington, DC 20210.