



INDIAN AND NATIVE AMERICAN YOUTH PROGRAM



OMB Control No: 1205-0422
Expires 09/30/

SECTION I - Grantee Identifying Information			
Grantee Name and Address: _____		Grant Number: _____	
_____		Report End Date: ____/____/____	
	Previous Period (A)	Current Period (B)	Program-to-Date (C)
SECTION II - Participation / Exiter Summary - [Enter participants who enrolled in the program and Exited during the program year.]			
1. Total Participants			
2. Total Exiters			
3. Total Current Participants			
SECTION III - Participant Characteristics Summary - [Enter characteristics of participants at enrollment]			
Gender	4. Male		
	5. Female		
Education	6. High School / Pre-High School Student		
	7. High School Graduate or Equivalent		
	8. Post High School Student		
	9. School Dropout		
Barriers	10. Pregnant and/or Parenting Youth		
	11. Offender		
	12. Foster Child		
	13. Public Assistance Recipient		
	14. Basic Skills Deficiency		
School Status	15. Individual With Disability		
	16. In-school youth		
Age	17. Out-of-school youth		
	18. 14 - 18		
VETS	19. 19 - 21		
	20. Eligible Veterans		
	21. Eligible Spouses		
SECTION IV - Participant Goals and/or Attainments Summary - [Enter goals attained after receiving program services]			

22. Completed Work Readiness					
23. Completed Internship or Vocational Exploration Program					
24. Completed Career Assessment					
25. Entered Unsubsidized Employment (Including Military)					
26. Remained in School					
27. Returned to School Full Time					
28. Enrolled in Job Corps					
29. Improved Basic Skills by at Least Two Grade Levels					
30. Attained High School Diploma					
31. Attained GED					
32. Completed Occupational Skills Training					
33. Completed Leadership Skills Training					
34. Entered Other (Non-Supplemental Youth) Training Program		<i>Numerator</i>	<i>Numerator</i>	<i>Numerator</i>	<i>Numerator</i>
	<i>Value</i>	<i>Denominator</i>	<i>Value</i>	<i>Denominator</i>	<i>Value</i>
SECTION V. Performance Outcomes / Performance					
35. Attainment of Two or More Goals (at least 60% of participants who exited the SVSD)					
Certification: I Certify that to the best of my knowledge and belief that this		Telephone Number:		Email:	
Name of Grantee Certifying Official:					
<p>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. This is public information and there is no expectation of confidentiality. 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>					