



Contact Information

Program Name: _____

Program Address: _____

Program Phone Number: _____

Program Email Address: _____

Program Website: _____

Primary Contact Name: _____

Primary Contact Phone Number: _____

Primary Contact Email Address: _____

Secondary Contact Name: _____

Secondary Contact Phone Number: _____

Secondary Contact Email Address: _____

Program Information

1. Does your program currently have a direct link to Registered Apprenticeship?

Yes

No

If yes, what is the nature of the direct link between your program and Registered Apprenticeship? _____

2. What is the primary source of your financial support?

Workforce Innovation and Opportunity Act (WIOA)

Federal training program other than WIOA

State and/or Local Government (grant or contract)

Foundation

Other

3. Is your program

For-Profit

Not-for-Profit

Other

4. How many pre-apprenticeship clients do you serve annually? _____

5. Which population(s) does your program serve? (Select all that apply)

Women

Men

Minorities

Youth

People with Disabilities

Ex-Offenders

Veterans

Other

6. What is the average age of the population you serve?

16-25

25-35

35+

7. During each of the last five years, how many individuals has your program placed into Registered Apprenticeships on average, each year? _____ during the last twelve months?

8. Does your program have entry requirements? If so, please list them: _____

Program Curriculum

9. Can individuals who successfully complete the pre-apprenticeship program enter directly into a Registered Apprenticeship program?
 - Yes
 - No
10. Can individuals who successfully complete the pre-apprenticeship program receive advance credit for skills already acquired after they enter a Registered Apprenticeship program?
 - Yes
 - No
11. Has your training and/or curriculum been reviewed or approved by a Registered Apprenticeship program sponsor?
 - Yes
 - No
12. Do you have a training curriculum?
 - Yes
 - NoIf yes, will OA be able to obtain a copy, if requested?
13. Does your training lead to a certificate, credential or aid in the preparation for a credentialing/licensing exam?
 - Yes
 - NoIf yes, please identify the certificate or credential and describe:

14. Has your program benefited from input offered by sources such as employer-sponsors, unions, registered apprenticeship (RA) programs, or an education entity such as a high school, community college, four-year university, etc.?
 - Yes
 - NoIf yes, please list those sources: _____

Program Services

15. Does your program provide supportive services or facilitate access to appropriate support services to the participants? (for example: financial coaching, ongoing career services, childcare assistance, etc)
 - Yes
 - NoIf yes, please list those supportive services: _____
16. Does your program conduct skill assessments and ABE (Adult Basic Education) tests to determine eligibility of participants?
 - Yes
 - No
17. Does your program have a referral protocol in place to build basic skills and conduct remedial training for participants who did not score well on an assessment?
 - Yes

- No
- 18. Does your program use participant readiness checklists or standards?
 - Yes
 - No
- 19. Does your program have a case manager on staff to refer participants to support programs?
 - Yes
 - No
- 20. Does your program have features that replicate a real work environment?
 - Yes
 - No
- 21. Can you attest that your program's real work environment does not displace current workers?
 - Yes
 - No
- 22. Please describe how your program replicates a real work experience. _____
- 23. Which industries are currently served by your program? (Select all that apply)
 - Agriculture, Forestry, Fishing and Hunting
 - Construction
 - Educational Services
 - Finance and Insurance
 - Food Services
 - Health Care and Social Assistance
 - Information Technology
 - Leisure and Hospitality
 - Manufacturing
 - Mining, Quarrying, and Oil and Gas Extraction
 - Public Administration
 - Transportation
 - Utilities
 - Other Industries
- 24. For which occupation(s) does your program currently offer training? _____

This reporting requirement is approved under the Paperwork Reduction Act of 1995, OMB Control No. 1205-XXXX, expiring XX/XX/20XX. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The purpose of the information collection is to create a public database and website for the Pre Apprenticeship programs and it will be used to help highlight and promote these programs. Public reporting burden for this collection of information, which is voluntary, is estimated to average 10 minutes per application, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information, including reviewing the information for updating once every three years. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employment and Training Administration, Office of Apprenticeship, Room N-5311, Washington, D.C. 20210 (Paperwork Reduction Project 1205-XXXX).