No.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH
SECTION I - INDIVIDUAL INFORMATION (EVALUATION DATA COLLECTION		
Special Note: All information contained within this section must be collected from the indiv		
at the time of participation in the program and ONLY THE DATA HIGHLIGHTED IN YELL(		
101	**First Name**	AN 9
102	**Middle Name**	
103	**Last Name**	DT 8
104	**Street**	IN 1
105	**Apt Number**	IN 1
106	**City**	IN 1
107	**State**	IN 1
108	**Zip Code**	IN 1
109	**Cell/Mobile Number**	IN 1
110	**Home Phone Number**	IN 1
111	**Work Phone Number**	IN 1
112	**Home E-mail Address**	
113	**Work E-mail Address**	IN 1
115	**Are you currently enrolled in school or in another training program? (Do not include this training program to which you are applying)**	
116	**Have you ever attended any of the following education and training programs either in the U.S. or elsewhere?**	
117	**Are you receiving services funded by any other government agencies?**	
118	**If you receive services funded by other agencies, name the services and/or the providers**	

119	**What is your current marital status?**	
120	**Do you speak a language other than English at home?**	
121	**Home ownership**	
122	**How many children (18 years or younger) currently live in your household?**	
123	**How many children (18 years or younger) of yours are currently living elsewhere?**	
124	**What is the age (in years) of the youngest child currently living in your household?**	
125	**What is the age (in years) of the youngest child currently living elsewhere?**	
126	**What is your U.S. citizenship status?**	
127	**Have you ever been convicted of a felony?**	
128	**Are you deaf or do you have serious difficulty hearing?**	
129	**Are you blind or do you have serious difficulty seeing even when wearing glasses?**	
130	**Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?**	
131	**Do you have serious difficulty walking or climbing stairs?**	
132	**Do you have difficulty dressing or bathing?**	

133	Because of a physical, mental, or emotional condition, do you have serious difficulty doing errands alone such as visiting a doctor's office or shopping?	

SECTION II - OPINIONS ABOUT WORK OPPORTUNITIES

134	Finding quality child care that I can afford limits my ability to work	
135	Problems with transportation (car, public transit) limit by ability to work	
136	I will take any job even if the pay is low	
137	I only want the kind of job that I trained for	
138	How much must a job pay per hour for it to make sense for you to take it? (Please enter the lowest hourly amount you are willing to accept)	

SECTION III - PUBLIC ASSISTANCE

139	Does your household receive Section 8 or Public Housing Assistance?	
140	Are you currently receiving TANF (Temporary Assistance for Needy Families?)	
141	Are you currently receiving SNAP (Supplemental Nutrition and Assistance Program)? (It used to be called the Food Stamp Program.)	
142	Are you currently receiving unemployment insurance?	
143	What is your weekly unemployment insurance benefit?	
144	Are you a separated veteran?	

SECTION IV - FUTURE CONTACT

145	May we send a text message to your cell phone?	

146	**May we contact you through Facebook?**	
147	**What is your Facebook username?**	
	Please provide contact information of 3 close friends or relatives we can contact in case you move and we cannot easily locate you for the follow-up interview in 18 months. All information will be held private to the extent permitted by law and will only be used to locate you if we have trouble contacting you directly.	
148	**First Name 1**	
149	**Middle Name 1**	
150	**Last Name 1**	
151	**Street 1**	
152	**Apt Number 1**	
153	**City 1**	
154	**State 1**	
155	**Zip Code 1**	
156	**Cell/Mobile Number 1**	
157	**Home Phone Number 1**	
158	**Work Phone Number 1**	
159	**Home E-mail Address 1**	
160	**Work E-mail Address 1**	
161	**First Name 2**	
162	**Middle Name 2**	
163	**Last Name 2**	
164	**Street 2**	
165	**Apt Number 2**	
166	**City 2**	
167	**State 2**	
168	**Zip Code 2**	
169	**Cell/Mobile Number 2**	
170	**Home Phone Number 2**	
171	**Work Phone Number 2**	
172	**Home E-mail Address 2**	
173	**Work E-mail Address 2**	
174	**First Name 3**	
175	**Middle Name 3**	
176	**Last Name 3**	
177	**Street 3**	
178	**Apt Number 3**	
179	**City 3**	

180	**State 3**	
181	**Zip Code 3**	
182	**Cell/Mobile Number 3**	
183	**Home Phone Number 3**	
184	**Work Phone Number 3**	
185	**Home E-mail Address 3**	
186	**Work E-mail Address 3**	

DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	EDIT CHECKS		
) vidual OW should be updated.		Edit Check Logic	Data Element Number (D_E_NUM)	Error Message (D_E_ERR_MESSAGE)
	XXXXXXXXX			incorrect value
	1 = Currently enrolled in high school or GED program 2 = Currently enrolled in vocational, technical, or trade school 3 = Currently enrolled in 2 or 4 year college 4 = Currently enrolled in another job training program 0 = Not currently enrolled in school or any other training program			
	1 = Adult basic education (these programs usually teach reading and math) 2 = English as a Second Language (ESL) 3 = Job training at a vocational, technical or trade school 4 = College courses that did not lead to a degree you already listed in question #6 5 = Other (PLEASE SPECIFY)			
	1 = Yes 2 = No 0 = Blank if 0 or 2, skip to question 119			

	1 = Married 2 = Widowed 3 = Divorced/Separated 4 = Never Married			
	1 = Yes 2 = No 0 = Blank			
	1 = Own the place where you live 2 = Rent your own place or contribute to rent at a friend or family's place 3 = Live rent free			
	0 = No children living in household OR NUMBER			
	0 = No children living elsewhere OR NUMBER If 0, then go to what is your US citizenship status (Q 126)			
	1 = U.S. Citizen 2 = Legal Resident			
	1 = Yes 2 = No 0 = Blank			
	1 = Yes 2 = No 0 = Blank			
	1 = Yes 2 = No 0 = Blank			
	1 = Yes 2 = No 0 = Blank			
	1 = Yes 2 = No 0 = Blank			
	1 = Yes 2 = No 0 = Blank			

	1 = Yes 2 = No 0 = Blank			
	1 = Very much 2 = A little 3 = Not at all 0 = No children in household			
	1 = Very much 2 = A little 3 = Not at all 0 = No children in household			
	1 = Strongly agree 2 = Agree 3 = Disagree 4 = Strongly Disagree			
	1 = Strongly agree 2 = Agree 3 = Disagree 4 = Strongly Disagree			
	$$ per hour or 99 if Don't know			
	1 = Yes 2 = No 0 = Blank			
	1 = Yes 2 = No 0 = Blank			
	1 = Yes 2 = No 0 = Blank			
	1 = Yes 2 = No 0 = Blank			
	$$ amount			
	1 = Yes 2 = No 0 = Blank			
	1 = Yes 2 = No 0 = Blank			

	1 = Yes 2 = No 0 = Blank			
	Enter text			

Data Element Number	Data Element Name	Data Definition and Instruction	Code Value	Field Type / Length	Optional (Y/N/Conditional)	OMB Comments	DOL/ETA Comments
SECTION I - INDIVIDUAL INFORMATION							
101	Social Security Number	Record the social security number assigned to the individual. At a minimum, this number for a person must be the same for every period of participation in the H-1B Grant programs. "Non-participant" records, including those identified and referred through other WIA programs that may or may not receive a participant service should also be recorded. Record 999999999 if the individual does not wish to disclose his/her social security number	XXXXXXXXX 999999999 = Individual did not disclose	IN 9	No		
102	Selective Service Status	Record 1 if the individual is registered for Selective Service. Record 2 if the individual is not registered for Selective Service. Record 9 if the individual does not self-identify Selective Service registration. Leave "blank" if the individual is not a program participant and the data is not available.	1 = Yes 0 = No 9 = Participant did not disclose Blank = Individual is not a participant	IN 1	Yes		
103	Date of Birth	Record the individual's date of birth. Leave "blank" if the individual is not a program participant and the data is not available.	YYYYMMDD Blank = Individual is not a participant	DT 8	No		
104	Gender	Record 1 if the individual indicates that he is male. Record 2 if the individual indicates that she is female. Record 9 if the individual does not self-identify gender. Leave "blank" if the individual is not a program participant and the data is not available.	1 = Male 2 = Female 9 = Individual did not self-identify Blank = Individual is not a participant	IN 1	No		
105	Individual with a Disability	Record 1 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.). Record 0 if the participant indicates that he/she does not have a disability that meets the definition above. Record 9 if the individual does not wish to disclose his/her disability status Leave "blank" if the individual is not a participant.	1 = Yes 0 = No 9 = Individual did not disclose Blank = Individual is not a participant	IN 1	No	Comments: This seems challenging for grantees to reliably enter without more guidance. Will this be used for evaluations? (I noticed there are other disability-related questions in the evaluation section.)	This definition is the same definition as collected by WIASRD OMB Control No: 1205-0420 and is consistent with other similar ETA program reporting guidance. ETA will provide grantees with a Reporting Handbook that includes additional reporting guidance that will address any uncertainties.
106	Ethnicity Hispanic/ Latino	Record 1 if the individual indicates that he/she is a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture in origin, regardless of race. Record 0 if the individual indicates that he/she does not meet any of these conditions. Record 9 if the individual does not self-identify his/her ethnicity. Leave "blank" if the individual is not a program participant and the data is not available.	1 = Yes 0 = No 9 = Individual did not self-identify his/her ethnicity Blank = Individual is not a participant	IN 1	No		
107	American Indian or Alaska Native	Record 1 if the individual indicates that he/she is a person having origins in any of the original peoples of North America and South America (including Central America), and who maintains cultural identification through tribal affiliation or community recognition. Record 0 if the individual indicates that he/she does not meet any of these conditions. Record 9 if the individual does not self-identify his/her race. Leave "blank" if the individual is not a program participant and the data is not available.	1 = Yes 0 = No 9 = Individual did not self-identify his/her race Blank = Individual is not a participant	IN 1	No		
108	Asian	Record 1 if the individual indicates that he/she is a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent (e.g., India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim, and Bhutan). This area includes, for example, Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. Record 0 if the individual indicates that he/she does not meet any of these conditions. Record 9 if the individual does not self-identify his/her race. Leave "blank" if the individual is not a program participant and the data is not available.	1 = Yes 0 = No 9 = Individual did not self-identify his/her race Blank = Individual is not a participant	IN 1	No		
109	Black or African American	Record 1 if the individual indicates that he/she is a person having origins in any of the black racial groups of Africa. Record 0 if the individual indicates that he/she does not meet any of these conditions. Record 9 if the individual does not self-identify his/her race. Leave "blank" if the individual is not a program participant and the data is not available.	1 = Yes 0 = No 9 = Individual did not self-identify his/her race Blank = Individual is not a participant	IN 1	No		
110	Native Hawaiian or other Pacific Islander	Record 1 if the individual indicates that he/she is a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. Record 0 if the individual indicates that he/she does not meet any of these conditions. Record 9 if the individual does not self-identify his/her race. Leave "blank" if the individual is not a program participant and the data is not available.	1 = Yes 0 = No 9 = Individual did not self-identify his/her race Blank = Individual is not a participant	IN 1	No		
111	White	Record 1 if the individual indicates that he/she is a person having origins in any of the original peoples of Europe, the Middle East, or North Africa. Record 0 if the individual indicates that he/she does not meet any of these conditions. Record 9 if the individual does not self-identify his/her race. Leave "blank" if the individual is not a program participant and the data is not available.	1 = Yes 0 = No 9 = Individual did not self-identify his/her race Blank = Individual is not a participant	IN 1	No		
112	More Than One Race	Record 1 if the individual indicates that he/she is a person having more than one origin or race. Record 0 if the individual indicates that he/she does not meet any of these conditions. Record 9 if the individual does not self-identify his/her race. Leave "blank" if the individual is not a program participant and the data is not available.	1 = Yes 0 = No 9 = Individual did not self-identify his/her race Blank = Individual is not a participant	IN 1	No	Comments: Why was this eliminated?	In alignment with WIASRD data collection this was deemed not necessary since multiple options can be selected above. Therefore, this data element would be redundant and duplicative.
113	Eligible Veteran Status	Record 1: 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. Record 2: If the individual served on active duty for a period of more than 180 days and was discharged or released with other than 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 was authorized and was discharged or released from such duty with other than a dishonorable discharge. Record 3: 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 under this part, is listed, pursuant to 38 U.S.C. 101 and the regulations issued under, 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. Record 0: If the individual does not meet any one of the conditions described above. Leave "blank" if the individual is not a program participant and the data is not available.	1 = Yes, <= 180 days 2 = Yes, Eligible Veteran 3 = Yes, Other Eligible Person 0 = No Blank = Individual is not a participant	IN 1	No		

Data Element Number	Data Element Name	Data Definition and Instruction	Code Value	Field Type / Length	Optional (Y/N/Conditional)	OMB Comments	DOL/ETA Comments
114	Highest School Grade Completed	Use the appropriate code to record the highest school grade completed by the individual. Record 87 if the individual completes the 12th grade and attained a high school diploma. Record 88 if the individual completes the 12th grade and attained a GED or equivalent. Record 89 if the individual with a disability receives a certificate of attendance/completion. Record 90 if the individual attained other post-secondary degree or certification. Record 91 if the individual attained an associates diploma or degree (AA/AS). Leave "blank" if the individual is not a program participant and the data is not available.	0 = No school grades completed 1 - 12 = Number of elementary/secondary school grades completed 13 - 15 = Number of college, or full-time technical or vocational school years completed 16 = Bachelor's degree or equivalent 17 = Education beyond the Bachelor's degree 87 = Attained High School Diploma 88 = Attained GED or Equivalent 89 = Attained Certificate of Attendance/Completion 90 = Attained Other Post-Secondary Degree or Certification 91 = Attained Associates Diploma or Degree Blank = individual is not a participant	IN 2	No		
200	Employment Status at Participation	Record 1 if the participant is a person who either (a) did any work at all as a paid employee, (b) did any work at all in his or her own business, profession, or farm, (c) worked as unpaid worker in an enterprise operated by a member of the family, or (d) is one who was not working, but has a job or business from which he or she was temporarily absent because of illness, bad weather, vacation, labor-management dispute, or personal reasons, whether or not paid by the employer for time-off, and whether or not seeking another job, or e) is an incumbent worker who needs training to secure full-time employment, advance in their careers, or retain their occupation. Record 2 if the participant is a person who, although employed, either (a) has received a notice of termination of employment or the employer has issued a Worker Adjustment and Retraining Notification (WARN) or other notice that the facility or enterprise will close, or (b) is a transitioning service member. Record 0 if the individual does not meet any one of the conditions described above. Leave "blank" if the individual is not a program participant and the data is not available.	1 = Employed 2 = Employed, but Received Notice of Termination of Employment or Military Separation 0 = Not Employed Blank = not a program participant	IN 1	No	Comments: Just to clarify, a person is only considered employed if they were employed on the day of enrollment, correct? This is a little confusing because the description is in the past tense.	Correct. A participants employment status is considered at the time of enrollment/intake assessment.
201	Incumbent Worker	Record 1 if the participant is employed worker who needs industry-related training to (a) secure full-time employment, (b) retain their current position in the same field, or (c) advance in their career or along their current career pathway. Record 0 if the individual does not meet any of the conditions described above. Leave "blank" if the individual is not a program participant and the data is not available.	1 = Yes 0 = No Blank = not a program participant	IN 1	No		
202	Underemployed Worker	Record 1 if the participant is a person who, though employed, has not yet connected with a job that provides responsibility and pay commensurate with their previous experience and educational qualifications or is working part-time as they are seeking full-time employment. Record 0 if the participant does not meet any of the conditions described above. Leave "blank" if the individual is not a program participant and the data is not available.	1 = Yes 0 = No Blank = not a program participant	IN 1	No		
203	Dislocated Worker	Record 1 if the participant received services financially assisted under WIA section 133(b)(2)(A) Record 0 if the participant did not receive services under the condition described above Leave "blank" if the individual is not a program participant and the data is not available.	1 = Yes 0 = No Blank = not a program participant	IN 1	No		
204	Long-term Unemployed	Record 1 if the individual is without a job for 27 weeks or more and wants and is available to work. Record 2 if the individual is without a job and meets the other conditions established in the SGA for unemployed, long-term unemployed individuals: ● Lost their job during the recent recession (commencing January 1, 2008 forward), and have exhausted unemployment benefits Record 0 if the individual does not meet any of the conditions described above. Leave "blank" if the individual is not a program participant and the data is not available.	1 = Yes; Without job for 27 weeks or more 2 = Yes; Meets other conditions 0 = No Blank = not a program participant	IN 1	No		
205	Date of Separation	Record the individual's date of separation from employment. This date is the last day of employment at the most recent, applicable job. Leave "blank" if there is no separation (e.g., incumbent worker) or the individual is not a participation, or this data element does not apply to the individual.	YYYYMMDD Blank = Individual is not a participant	DT 8	No		
SECTION II - PROGRAM ACTIVITIES AND SERVICES INFORMATION							
SECTION II.A - PROGRAM PARTICIPATION DATA							
301	Date of Program Participation	Record the date on which the individual begins receiving his/her first service funded by the program following a determination of eligibility to participate in the program. Leave "blank" if the individual is not a program participant and the data is not available.	YYYYMMDD Blank = Individual is not a participant	DT 8	No		
302	Date of Exit	Record the date on which the last service funded by the program or a partner program is received by the participant. Once a participant has not received any services funded by the program or a partner program for 90 consecutive calendar days and has no gap in service and is not scheduled for future services, the date of exit is applied retroactively to the last day on which the individual received a service funded by the program or a partner program. Leave "blank" if the individual is not a program participant and the data is not available.	YYYYMMDD Blank = Individual is not a participant	DT 8	No		

Data Element Number	Data Element Name	Data Definition and Instruction	Code Value	Field Type / Length	Optional (Y/N/Cond itional)	OMB Comments	DOL/ETA Comments
303	Other Reasons for Exit (at time of exit or during 3-quarter measurement period following the quarter of exit)	Record 1 if the participant is residing in an institution or facility providing 24-hour support such as a prison or hospital and is expected to remain in that institution for at least 90 days. Record 2 if the participant is receiving medical treatment that precludes entry into unsubsidized employment or continued participation in the program. Does not include temporary conditions expected to last for less than 90 days. Record 3 if the participant was found to be deceased or no longer living. Record 4 if the participant is providing care for a family member with a health/medical condition that precludes entry into unsubsidized employment or continued participation in the program. Does not include temporary conditions expected to last for less than 90 days. Record 5 if the participant is a member of the National Guard or other reserve military unit and is called to active duty for at least 90 days. Record 6 if the youth participant is in the foster care system or any other mandated residential program and has moved from the area as part of such a program or system (exclusion for youth participants only). Record 98 if the participant retired from employment. Record 99 if the participant either disclosed an invalid social security number (SSN) or chose not to disclose a SSN. Record 0 if the participant exited for a reason other than one of the conditions described above. Leave "blank" if the individual is not a program participant and the data is not available. Additional Note: Exit Reason "98 = Retirement" has been added for program management purposes only and individuals who exit the program based on this reason will not be excluded from calculation of the performance measures. Rather, these individuals will be included in the performance measure calculations.	1 Institutionalized 2 Health/Medical 3 Deceased 4 Family Care 5 Reserve Forces Called to Active Duty 6 Relocated to Mandated Residential Program 98 Retirement 99 Not a Valid SSN 0 = Other Blank = Individual is not a participant	IN 2	No		
304	Date of Program Completion	Record the date on which the last education/job training activity funded by the program or a partner program is received by the participant who has completed their program. Note: A participant may enroll in several discrete education/job training activities that apply towards the completion of their course of study. A participant is considered to have COMPLETED when they have earned all the formal award units needed towards the degree, certificate, or certification that was the goal of their enrollment or has met other program-specific definition of successful completion. Once a participant has completed their program of study, they may continue to receive certain services funded by the grant program or a partner program for 90 consecutive calendar days, as described in the SOW, before they are considered to have EXITED the program. The date of completion may be applied retroactively to the last day on which the individual received an education/job training activity/service funded by the program or a partner program. Leave "blank" if the participant has not yet completed the program, or if the individual is not a program participant and the data is not available.	YYYYMMDD Blank = Individual has not completed or is not a participant	DT 8	No		
SECTION II.B - TRAINING RELATED ASSISTANCE DATA							
400	Date Entered/Began Receiving Education/Job Training Activities #1	Record the date on which the participant's first education or job training activities began. Leave "blank" if the individual is not a program participant and the data is not available.	YYYYMMDD Blank = Individual is not a participant	DT 8	No		
401	Occupational Skills Training Code #1	Enter the 8 digit O*Net 4.0 (or later versions) code that best describes the training occupation for which the participant received first training services. Record 00000000 or leave "blank" if occupational code is not available or not known. Additional Notes: If all 8 digits of the occupational skills code are not collected, record as many digits as are available. If the individual receives multiple training services, use the occupational skills training code for the most recent training.	00000000	IN 8	No		
402	Type of Training Service #1 - Primary	Use the appropriate code to indicate the primary type of training being provided to the participant. Leave "blank" if the individual is not a program participant and the data is not available.	1 = On the Job Training 2 = Classroom Occupational Training 3 = Contextualized Learning 4 = Distance Learning 5 = Customized Learning 6 = Incumbent Worker Training 7 = Other Occupational Skills Training Blank = Individual is not a participant	IN 1	No		
403	Type of Training Service #1 - Secondary	Use the appropriate code to indicate the secondary type of training being provided to the participant, if applicable. Leave "blank" if the individual is not a program participant and the data is not available or if this data element does not apply.	1 = On the Job Training 2 = Classroom Occupational Training 3 = Contextualized Learning 4 = Distance Learning 5 = Customized Learning 6 = Incumbent Worker Training 7 = Other Occupational Skills Training Blank = Individual is not a participant	IN 1	No		
404	Type of Training Service #1 - Tertiary	Use the appropriate code to indicate the tertiary type of training being provided to the participant, if applicable. Leave "blank" if the individual is not a program participant and the data is not available or if this data element does not apply.	1 = On the Job Training 2 = Classroom Occupational Training 3 = Contextualized Learning 4 = Distance Learning 5 = Customized Learning 6 = Incumbent Worker Training 7 = Other Occupational Skills Training Blank = Individual is not a participant	IN 1	No		
405	Date Completed, or Withdrew from, Training #1	Record the date when the participant completed training or withdrew permanently from their first training service. Leave "blank" if the individual is not a program participant and the data is not available.	YYYYMMDD Blank = Individual is not a participant	DT 8	No		
406	Training Completed #1	Record 1 if the participant completed approved training program Record 0 if the individual did not complete training (withdrew) Leave "blank" if the individual did not receive training services, or if the participant has not yet completed training, or if the individual is not a participant.	1 = Yes 0 = No (withdrew) Blank = did not yet complete or did not receive training services, or not a program participant	IN 1	No		
410	Date Entered/Began Receiving Education/Job Training Activities #2	Record the date on which the participant's second education or job training activities began. Leave "blank" if the individual is not a program participant and the data is not available.	YYYYMMDD Blank = Individual is not a participant	DT 8	Yes		

Data Element Number	Data Element Name	Data Definition and Instruction	Code Value	Field Type / Length	Optional (Y/N/Cond itional)	OMB Comments	DOL/ETA Comments
411	Occupational Skills Training Code #2	Enter the 8 digit O*Net 4.0 (or later versions) code that best describes the training occupation for which the participant received during second training services. Record 00000000 or leave "blank" if occupational code is not available or not known. Additional Notes: If all 8 digits of the occupational skills code are not collected, record as many digits as are available. If the individual receives multiple training services, use the occupational skills training code for the most recent training.	00000000	IN 8	Yes		
412	Type of Training Service #2 - Primary	Use the appropriate code to indicate the primary type of training being provided to the participant during their second training service. Leave "blank" if the individual is not a program participant and the data is not available.	1 = On the Job Training 2 = Classroom Occupational Training 3 = Contextualized Learning 4 = Distance Learning 5 = Customized Learning 6 = Incumbent Worker Training 7 = Other Occupational Skills Training Blank = Individual is not a participant	IN 1	Yes		
413	Type of Training Service #2 - Secondary	Use the appropriate code to indicate the secondary type of training being provided to the participant during their second training service, if applicable. Leave "blank" if the individual is not a program participant and the data is not available or if this data element does not apply.	1 = On the Job Training 2 = Classroom Occupational Training 3 = Contextualized Learning 4 = Distance Learning 5 = Customized Learning 6 = Incumbent Worker Training 7 = Other Occupational Skills Training Blank = Individual is not a participant	IN 1	Yes		
414	Type of Training Service #2 - Tertiary	Use the appropriate code to indicate the tertiary type of training being provided to the participant during their second training service, if applicable. Leave "blank" if the individual is not a program participant and the data is not available or if this data element does not apply.	1 = On the Job Training 2 = Classroom Occupational Training 3 = Contextualized Learning 4 = Distance Learning 5 = Customized Learning 6 = Incumbent Worker Training 7 = Other Occupational Skills Training Blank = Individual is not a participant	IN 1	Yes		
415	Date Completed, or Withdrew from, Training #2	Record the date when the participant completed training or withdrew permanently from their second training service. Leave "blank" if the participant is not enrolled in a second Education/Job Training Activity or the individual is not a program participant and the data is not available.	YYYYMMDD Blank = Individual is not a participant	DT 8	Yes		
416	Training Completed #2	Record 1 if the participant completed approved training Record 0 if the individual did not complete training (withdrew) Leave "blank" if the individual did not receive training services, or if the participant has not yet completed training, or if the individual is not a participant.	1 = Yes 0 = No (withdrew) Blank = did not yet complete or did not receive training services, or not a program participant	IN 1	Yes		
420	Date Entered/Began Receiving Education/Job Training Activities #3	Record the date on which the participant's third education or job training activities began. Leave "blank" if the individual is not a program participant and the data is not available.	YYYYMMDD Blank = Individual is not a participant	DT 8	Yes		
421	Occupational Skills Training Code #3	Enter the 8 digit O*Net 4.0 (or later versions) code that best describes the training occupation for which the participant received third training services. Record 00000000 or leave "blank" if occupational code is not available or not known. Additional Notes: If all 8 digits of the occupational skills code are not collected, record as many digits as are available. If the individual receives multiple training services, use the occupational skills training code for the most recent training.	00000000	IN 8	Yes		
422	Type of Training Service #3 - Primary	Use the appropriate code to indicate the primary type of training being provided to the participant during their third training service. Leave "blank" if the individual is not a program participant and the data is not available.	1 = On the Job Training 2 = Classroom Occupational Training 3 = Contextualized Learning 4 = Distance Learning 5 = Customized Learning 6 = Incumbent Worker Training 7 = Other Occupational Skills Training Blank = Individual is not a participant	IN 1	Yes		
423	Type of Training Service #3 - Secondary	Use the appropriate code to indicate the secondary type of training being provided to the participant during their third training service, if applicable. Leave "blank" if the individual is not a program participant and the data is not available or if this data element does not apply.	1 = On the Job Training 2 = Classroom Occupational Training 3 = Contextualized Learning 4 = Distance Learning 5 = Customized Learning 6 = Incumbent Worker Training 7 = Other Occupational Skills Training Blank = Individual is not a participant	IN 1	Yes		
424	Type of Training Service #3 - Tertiary	Use the appropriate code to indicate the tertiary type of training being provided to the participant during their third training service, if applicable. Leave "blank" if the individual is not a program participant and the data is not available or if this data element does not apply.	1 = On the Job Training 2 = Classroom Occupational Training 3 = Contextualized Learning 4 = Distance Learning 5 = Customized Learning 6 = Incumbent Worker Training 7 = Other Occupational Skills Training Blank = Individual is not a participant	IN 1	Yes		
425	Training Completed #3	Record 1 if the participant completed third approved training Record 0 if the individual did not complete training (withdrew) Leave "blank" if the individual did not receive training services, or if the participant has not yet completed training, or if the individual is not a participant.	1 = Yes 0 = No (withdrew) Blank = did not yet complete or did not receive training services, or not a program participant	IN 1	Yes		
426	Date Completed, or Withdrew from, Training #3	Record the date when the participant completed training or withdrew permanently from their third training. If multiple training services were received, record the most recent date on which the individual completed training. Leave "blank" if the individual is not a program participant and the data is not available.	YYYYMMDD Blank = Individual is not a participant	DT 8	Yes		
SECTION III - PROGRAM OUTCOMES INFORMATION							
SECTION III.A - EMPLOYMENT AND JOB RETENTION DATA							
501	Employed in 1st Quarter After Program Completion	Record 1 if the participant was employed in the first quarter after the quarter of program completion. Record 0 if the participant was not employed in the first quarter after the quarter of program completion Record 3 if information on the participant's employment status in the first quarter after the quarter of program completion is not yet available Leave "blank" if the individual has not completed the program or is not a program participant	1 = Yes 0 = No 3 = Information not yet available Blank = individual has not yet completed or is not a program participant	IN 1	No		

Data Element Number	Data Element Name	Data Definition and Instruction	Code Value	Field Type / Length	Optional (Y/N/Cond itional)	OMB Comments	DOL/ETA Comments
502	Occupational Code (if available)	Record the 8-digit occupational code that best describes the individual's employment using the O*Net Version 4.0 (or later versions) classification system. This information can be based on any job held after exit from the program. Leave "blank" if occupational code is not available or if the individual is not a program participant. Additional Notes: This information can be based on any job held after completion and only applies to adults, dislocated workers and older youth who entered employment in the quarter after the completion quarter. If all 8 digits of the occupational skills code are not collected, record as many digits as are available. If the individual had multiple jobs, use the occupational code for the most recent job held.	00000000	AN 8	No		
503	Entered Training-Related Employment	Record 1 if the employment in which the individual entered uses a substantial portion of the skills taught in the training received by the individual. This information can be based on any job held after completion and only applies to adults, dislocated workers and older youth who entered employment in the quarter after the completion quarter. Record 0 if the employment in which the individual entered does not use a substantial portion of the skills taught in the training received by the individual. Record 9 if not known. Leave "blank" if this data element does not apply to the individual.	1 = Yes 0 = No 9 = Unknown Blank = does not apply to individual	IN 1	No		
504	Retained Current Position	Record 1 if the participant is an incumbent worker that has retained their current position in the quarter after the quarter of program completion. Record 0 if the participant was employed at the start of participation but did not retain their current position in the quarter after the quarter of program completion. Leave "blank" if this data element does not apply to the individual.	1 = Yes 0 = No Blank = does not apply to individual		Conditiona l		
505	Advanced into a New Position with Current or New Employer in the 1st Quarter after Completion	Record 1 if the participant is an incumbent worker that has advanced into a new position requiring a higher skill level either with their current employer or a new employer, as a result of grant funded activities in the first quarter after the quarter of program completion. Record 0 if the individual was employed at the start of participation but did not advance into a new position as a result of the grant funded activities. Record 3 if information on the participant's employment status in the first quarter after the quarter of program completion is not yet available. Leave "blank" if the individual has not completed the program, is not an incumbent worker, or is not a program participant.	1 = Yes 0 = No 3 = Information not yet available Blank = does not apply to individual	IN 1	Conditiona l		
511	Employed in 2nd Quarter After Program Completion	Record 1 if the participant was employed in the second quarter after the quarter of program completion. Record 0 if the participant was not employed in the second quarter after the quarter of program completion Record 3 if information on the participant's employment status in the second quarter after the quarter of program completion is not yet available Leave "blank" if the individual has not completed the program or is not a program participant	1 = Yes 0 = No 3 = Information not yet available Blank = individual has not yet exited or is not a program participant	IN 1	No		
514	Retained Current Position in the 2nd Quarter after Program Completion	Record 1 if the participant is an incumbent worker that has retained their current position in the second quarter after the quarter of program completion. Record 0 if the participant was employed at the start of participation but did not retain their current position in the second quarter after the quarter of program completion. Leave "blank" if this data element does not apply to the individual.	1 = Yes 0 = No Blank = does not apply to individual		Conditiona l		
515	Advanced into a New Position with Current or New Employer in the 2nd Quarter after Program Completion	Record 1 if the participant is an incumbent worker that has advanced into a new position requiring a higher skill level either with their current employer or a new employer, as a result of grant funded activities in the second quarter after the quarter of program completion. Record 0 if the individual was employed at the start of participation but did not advance into a new position as a result of the grant funded activities. Record 3 if information on the participant's employment status in the second quarter after the quarter of program completion is not yet available. Leave "blank" if the individual has not completed the program or is not a program participant.	1 = Yes 0 = No 3 = Information not yet available Blank = does not apply to individual	IN 1	Conditiona l		
521	Employed in 3rd Quarter After Program Completion	Record 1 if the participant was employed in the third quarter after the quarter of program completion. Record 0 if the participant was not employed in the third quarter after the quarter of program completion Record 3 if information on the participant's employment status in the third quarter after the quarter of program completion is not yet available Leave "blank" if the individual has not completed the program or is not a program participant	1 = Yes 0 = No 3 = Information not yet available Blank = individual has not yet completed or is not a program participant	IN 1	No		
524	Retained Current Position in the 3rd Quarter After Program Completion	Record 1 if the participant is an incumbent worker that has retained their current position in the third quarter after the quarter of program completion. Record 0 if the participant was employed at the start of participation but did not retain their current position in the second quarter after the quarter of program completion. Leave "blank" if this data element does not apply to the individual.	1 = Yes 0 = No Blank = does not apply to individual		Conditiona l		
525	Advanced into a New Position with Current or New Employer in the 3rd Quarter after Program Completion	Record 1 if the participant is an incumbent worker that has advanced into a new position requiring a higher skill level either with their current employer or a new employer, as a result of grant funded activities, in the third quarter after the quarter of program completion. Record 0 if the individual was employed at the start of participation but did not advance into a new position as a result of the grant funded activities. Record 3 if information on the participant's employment status in the second quarter after the quarter of program completion is not yet available. Leave "blank" if the individual has not completed the program or is not a program participant.	1 = Yes 0 = No 3 = Information not yet available Blank = individual has not yet completed or is not a program participant	IN 1	Conditiona l		
SECTION III.B - EDUCATION, CREDENTIAL, AND SKILL ATTAINMENT DATA							
601	Type of Recognized Credential #1	Use the appropriate code to record the type of recognized educational or occupational certificate/credential/diploma/degree attained by the individual who received training services. Record 0 if the individual received training services, but did not attain a recognized credential. Leave "blank" if the data element does not apply to the individual. Credentials must be attained either during participation or by the end of the third quarter after the quarter of exit from services (other than follow-up services).	1 = High School Diploma/GED 2 = AA or AS Diploma/Degree 3 = BA or BS Diploma/Degree 4 = Occupational Skills Licensure 5 = Occupational Skills Certificate/Credential 6 = Other Recognized Educational or Occupational Skills Certificate/Credential 7 = Other Recognized Diploma, Degree, or Certificate 0 = No recognized credential Blank = Individual is not a participant	IN 1	No		
602	Date Attained Recognized Credential #1	Record the date on which the individual attained a recognized credential. Leave "blank" if the individual did not attain a recognized credential, or if this data element does not apply.	YYYYMMDD Blank = Individual did not attain a recognized credential or this data element does not apply	DT 8	No		

Data Element Number	Data Element Name	Data Definition and Instruction	Code Value	Field Type / Length	Optional (Y/N/Cond itional)	OMB Comments	DOL/ETA Comments
611	Type of Recognized Credential #2	Use the appropriate code to record the second type of recognized educational or occupational certificate/credential/diploma/degree attained by the individual who received training services. Record 0 if the individual received training services, but did not attain a second recognized credential. Leave "blank" if the data element does not apply to the individual. Credentials must be attained either during participation or by the end of the third quarter after the quarter of exit from services (other than follow-up services).	1 = High School Diploma/GED 2 = AA or AS Diploma/Degree 3 = BA or BS Diploma/Degree 4 = Occupational Skills Licensure 5 = Occupational Skills Certificate/Credential 6 = Other Recognized Educational or Occupational Skills Certificate/Credential 7 = Other Recognized Diploma, Degree, or Certificate 0 = No recognized credential Blank = Individual is not a participant	IN 1	Yes		
612	Date Attained Recognized Credential #2	Record the date on which the individual attained a second recognized credential. Leave "blank" if the individual did not attain a recognized credential, or if this data element does not apply.	YYYYMMDD Blank = Individual did not attain a recognized credential or this data element does not apply	DT 8	Yes		
621	Type of Recognized Credential #3	Use the appropriate code to record the third type of recognized educational or occupational certificate/credential/diploma/degree attained by the individual who received training services. Record 0 if the individual received training services, but did not attain a second recognized credential. Leave "blank" if the data element does not apply to the individual. Credentials must be attained either during participation or by the end of the third quarter after the quarter of exit from services (other than follow-up services).	1 = High School Diploma/GED 2 = AA or AS Diploma/Degree 3 = BA or BS Diploma/Degree 4 = Occupational Skills Licensure 5 = Occupational Skills Certificate/Credential 6 = Other Recognized Educational or Occupational Skills Certificate/Credential 7 = Other Recognized Diploma, Degree, or Certificate 0 = No recognized credential Blank = Individual is not a participant	IN 1	Yes		
622	Date Attained Recognized Credential #3	Record the date on which the individual attained a third recognized credential. Leave "blank" if the individual did not attain a recognized credential, or if this data element does not apply.	YYYYMMDD Blank = Individual did not attain a recognized credential or this data element does not apply	DT 8	Yes		