

## YouthBuild Data Elements - June 2018

ETA - 9138

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
<b>SECTION I - INDIVIDUAL INFORMATION</b>		
<b>SECTION I.A - IDENTIFYING AND DEMOGRAPHIC INFORMATION</b>		
1	Social Security Number	Record the unique identification number assigned to the individual. At a minimum, this identifier for a person <u>must</u> be the same for every period of participation in the program.
	SSN not provided	Record 1 if the participant did NOT provide social security number. Record 0 if the participant did provide social security number.
2	Date of Birth	Record the individual's date of birth.
3	Gender	Indicate the participant's gender by select <b>Male</b> or <b>Female</b>  Leave <b>blank</b> if the individual does not wish to disclose his/her gender.
4	Ethnicity Hispanic/ Latino	Indicate the participant's ethnicity by selecting <b>Yes</b> or <b>No</b> .  Leave blank if the participant does not disclose his/her ethnicity.
5	American Indian or Alaskan Native	Indicate whether the participant is American Indian or Alaska Native by selecting <b>Yes</b> .  Leave blank if the participant is not American Indian or Alaska Native or refused to report on this element.

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6	Asian	<p>Indicate whether the participant is Asian by selecting <b>Yes</b> or <b>Not Reported</b>.</p> <p>Leave blank if the participant is not Asian or refused to report on this element.</p>
7	Black or African American	<p>Indicate whether the participant is Black or African American by selecting <b>Yes</b> or <b>Not Reported</b>.</p> <p>Leave blank if the participant is not Black or African American or refused to report on this element.</p>
8	Hawaiian Native or other Pacific Islander	<p>Indicate whether the participant is Hawaiian Native or other Pacific Islander by selecting <b>Yes</b> or <b>Not Reported</b>.</p> <p>Leave blank if the participant is not Hawaiian Native or other Pacific Islander or refused to report on this element.</p>
9	White	<p>Indicate whether the participant is White by selecting <b>Yes</b> or <b>Not Reported</b>.</p> <p>Leave blank if the participant is not White or refused to report on this element.</p>
	Primary Phone	<p>Enter the primary phone number of the participant. If none, leave blank. Do not enter N/A or dummy data into this field.</p>

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	Primary Phone Extension	Enter the primary phone extension of the participant.If none, leave blank. Do not enter N/A or dummy data into this field.
	Alternate Phone	Enter the alternate phone number of the participant. If none, leave blank. Do not enter N/A or dummy data into this field.
	Alternate Phone Extension	Enter the alternate phone extension of the participant.If none, leave blank. Do not enter N/A or dummy data into this field.
	Secondary Contact name	Enter the name of a contact who can receive a message for the participant, such as a neighbor, family member, or social service agency. If none, leave blank. Do not enter N/A or dummy data into this field.

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	Secondary Contact relationship to participant	Enter the relationship of the contact above who can receive a message for the participant, such as a neighbor, family member, or social service agency. If none, leave blank. Do not enter N/A or dummy data into this field.
	Secondary Contact primary phone extension	Enter the phone extension of a contact who can receive a message for the participant, such as a neighbor, family member, or social service agency. If none, leave blank. Do not enter N/A or dummy data into this field.
	Secondary Contact alternative phone	Enter the alternative phone number of a contact who can receive a message for the participant, such as a neighbor, family member, or social service agency. If none, leave blank. Do not enter N/A or dummy data into this field.
	Secondary Contact alternative phone extension	Enter the alternative phone extension of a contact who can receive a message for the participant, such as a neighbor, family member, or social service agency. If none, leave blank. Do not enter N/A or dummy data into this field.

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	Secondary Contact email	Enter the email address of a contact who can receive a message for the participant, such as a neighbor, family member, or social service agency. If none, leave blank. Do not enter N/A or dummy data into this field.
	Secondary Contact Address line 1	Enter the secondary contact's number and street address. Be sure to enter the complete address exactly as you want it to appear on the envelope. "County" will not be used for mailing.
	Secondary Contact Address line 2	Enter the secondary contact's apartment or mailbox number. If none, leave blank. Do not enter N/A or dummy data into this field.
	Secondary Contact City	Enter the secondary contact's city.

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	Secondary Contact State	Enter the secondary contact's state.
	Secondary Contact Zip	Enter the secondary contact's zip code.
	Previous Dropout who has re-enrolled	Record 1 if the participant dropped out of high school and subsequently reenrolled. Record 0 if the participant did not drop out of high school and subsequently reenroll.

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<b>SECTION I.B - ENROLLMENT INFORMATION</b>		
10	Cohort Identifier	Enter a cohort ID for participant. This identifier is required and consists of the three character month abbreviation and a four digit year and is used to group particular students together for the purposes of reporting. For example, all of the participants who enter the program in the October 2008 will have a cohort designation of OCT2008 them from a cohort beginning in January 2009 which would have a cohort identifier of JAN2009.
11	Team Identifier	If desired, enter the team number that the participant will be assigned to. The team identifier can be up to 5 alphanumeric characters and might be used to divide a cohort into two or more teams.
12	HUD or DOL Participant	Enter 1 if this is a DOL supported participant; this indicates the funding stream that supports the participant.
13	Marital status	Enter the participants marital status at time of enrollment
14	Children	Enter the number of children under 18 years of age that the participant has, including biological, adopted, step, and foster children.
15	Children living with participant	Enter the number of the participant's own children under 18 years of age living in the household, including biological, adopted, step, and foster children.

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16	Other dependents living with participant	Enter the number of dependents other than children living with the participant.
17	Highest Grade Completed	<p>Use the appropriate code to record the highest school grade completed by the individual.</p> <p><b>Record 87</b> if the individual completed the 12th grade and attained a high school diploma.  <b>Record 88</b> if the individual completed the 12th grade and attained a GED or equivalent.  <b>Record 89</b> if the individual with a disability received a certificate of attendance/completion.  <b>Record 90</b> if the individual attained other post-secondary degree or certification.</p>

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18	Foster Youth	Select <b>Yes</b> if the individual is a person who is or is aging out of the foster care system. Select <b>No</b> if the individual does not meet the conditions described above.
19	Migrant Youth	Select <b>Yes</b> if the individual is the youth is a migrant worker or is a member of a migrant family. Select <b>No</b> if the individual does not meet the conditions described above.
20	Low Income Family	<p>Select <b>Yes</b> if the individual is the youth is a member of a low income family. The definition of “low-income family” is taken directly from the United States Housing Act of 1937 (42 U.S.C. 1437a(b)(2)) which states:  “The term ‘low-income families’ means those families whose incomes do not exceed 80 per centum of the median income for the area, as determined by the Secretary with adjustments for smaller and larger families, except that the Secretary may establish income ceilings higher or lower than 80 per centum of the median for the area on the basis of the Secretary’s findings that such variations are necessary because of prevailing levels of construction costs or unusually high or low family incomes.”</p> <p>Select <b>No</b> if the individual does not meet the conditions described above.</p>
21	Youth Offender	Select <b>Yes</b> if the individual has been convicted of a crime by the juvenile justice system. Select <b>No</b> if the individual does not meet the conditions described above.

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22	Adult Offender	Select <b>Yes</b> if the individual has been convicted of a crime by the adult correctional system. Select <b>No</b> if the individual does not meet the conditions described above.
23	High School Drop-Out	Select <b>Yes</b> if the individual is the youth is a high school drop-out. Select <b>No</b> if the individual does not meet the conditions described above.
24	Basic Skills Deficient	Select <b>Yes</b> if the individual is the youth is basic skills deficient. Basic skills deficient is defined as an the individual who computes or solves problems, reads, writes, or speaks English at or below the eighth grade level or is unable to compute or solve problems, read, write, or speak English at a level necessary to function on the job, in the individual's family, or in society. This can be measured using recognized assessments (i.e., TABE or CASAS) Select <b>No</b> if the individual does not meet the conditions described above.
25	Child of Incarcerated Parent or Legal Guardian	Select <b>Yes</b> if either of the youth's parents or legal guardian is incarcerated at the time of the youth's enrollment into the YouthBuild program. Select <b>No</b> if the individual does not meet the conditions described above.

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26	Limited English Proficient	<p>Select <b>Yes</b> if the individual is a person who has limited ability in speaking, reading, writing or understanding the English language and (a) whose native language is a language other than English, or (b) who lives in a family or community environment where a language other than English is the dominant language.</p> <p>Select <b>No</b> if the individual does not meet the conditions described above.</p>
27	Individual with a Disability	<p>Select <b>Yes</b> if the individual indicates that he/she has any "disability," as defined in Section 3 of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102), as amended by the Americans with Disabilities Act Amendments Act of 2008 (ADAAA). Under that definition, a "disability" is a physical or mental impairment that substantially limits one or more of the person's major life activities and an individual with a disability is an individual who has such a disability, has a record of such a disability, or is regarded as having such a disability. (For definitions and examples of "physical or mental impairment" and "major life activities," see Section 4 of the ADAAA).</p> <p>Select <b>No</b> if the individual indicates that he/she does not have a disability that meets the definition.</p> <p>Leave <b>blank</b> if the individual does not wish to self-identify.</p>
28	Health Issues	<p>Select <b>Yes, Significant health issues</b> if the participant has any health issue that could impact the individual's ability to work. Examples of such health issues can include, but are not limited to, untreated high blood pressure, HIV/STDs, asthma, depression, and other mental/physical health issues.</p> <p>Otherwise, select <b>No significant health issues</b>.</p> <p>Leave blank if the individual does not wish to self-identify.</p>

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29	Employment Status at Enrollment	<p><b>Record Employed</b> if the participant is a person, at enrollment, who either (a) worked more than 15 hours per week as a paid employee, (b) did any work at all in his or her own business, profession, or farm, (c) worked 15 hours or more 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.</p> <p><b>Record Employed, but Received Notice of Termination of Employment or Military Separation</b> 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 currently on active military duty and has been provided with a firm date of separation from military service.</p> <p><b>Record Not Employed</b> if the individual does not meet any one of the conditions described above.</p>
30	Occupation at Enrollment	<p>From the drop-down box select the participants occupation at enrollment.</p> <p>Leave blank if the participant is not employed at enrollment.</p>

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31	Hours Worked at Enrollment	<p>Enter the average hours per week that the participant works at the above occupation.</p> <p>Leave blank if the participant is not employed at participation.</p>
32	Average Hourly Wage at Enrollment	<p>Enter the participant's average hourly wage at the above occupation.</p> <p>Leave blank if the participant is not employed at participation.</p>
33	Start Date for Job at Enrollment	<p>Enter the date on which the participant began to work at the above job.</p> <p>Leave blank if the participant is not employed at participation.</p>

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34	Housing Status at Enrollment	<p><b>Select Own/Rent Apartment, Room, Or House</b> if, at enrollment, the individual is living in an apartment, room, or house that the he/she owns or rents.</p> <p>Select <b>Staying at someone's apartment, room, or house (Stable)</b> if, at enrollment, the individual is living in an apartment, room, or house that somebody else owns or rents and if the person is not at risk of being displaced from this housing, i.e the housing situation is long-term.</p> <p>Select <b>Halfway house/transitional house</b> if, at enrollment, the individual is living in a residence designed to assist persons as they re-enter society and learn to adapt to independent living after having been in prison.</p> <p>Select <b>Residential treatment</b> if, at enrollment, the individual lives in a residential treatment center. A residential treatment center is a group home that provides room and board, and provides specialized treatment or rehabilitation persons with emotional, psychological, or developmental problems as well as chemical dependencies.</p> <p>Select <b>Homeless</b> if, at enrollment, the individual lacks a fixed, regular, adequate night time residence. This definition includes any individual who may regularly stay at a publicly or privately operated shelter for temporary accommodation; an institution providing temporary residence for individuals intended to be institutionalized; or a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings. This definition does not include an individual imprisoned or detained under an Act of Congress or State law. An individual who may be sleeping in a temporary accommodation while away from home should not, as a result of that alone, be recorded as homeless.</p> <p>Select <b>Staying at someone's apartment, room, or house if</b>, at enrollment, the individual is living in an apartment, room, or house that somebody else owns or rents and if the person is at risk of being displaced from this housing, i.e the housing situation is short-term.</p>
35	Program Referral Source	Enter how the participant was referred to the YouthBuild program. Pull down menu will include juvenile justice, workforce system, school counselor, or other. This is an optional field.



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36	Post-Release Status at Enrollment	<p>Select parole if the participant is on parole on the date of participation.</p> <p>Select probation if the participant is on probation on the date of participation.</p> <p>Select other criminal justice/court supervision if the participant is on post-release supervision other than parole or probation on the date of participation.</p> <p>Select none if the participant is not on any form of post-release supervision.</p>
37	Mandated participation	<p>Select <b>Yes</b> if participation in the YB program is mandated by a criminal justice agency or agent as a condition of parole, probation, or other supervision.</p> <p>Select <b>No</b> if participation in the YB program is not mandated by a criminal justice agency or agent</p>
	Substance use	<p>Select <b>Yes</b> if the individual indicates that he/she has used/abused illegal substances, including narcotics, opioids, and alcohol.</p>
	Mental health diagnosis	<p>Select <b>Yes</b> if the individual indicates that he/she has been diagnosed with a mental health condition.</p>

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<b>SECTION II - PROGRAM ACTIVITIES AND SERVICES INFORMATION</b>		
<b>SECTION II.A - PROGRAM PARTICIPATION DATA</b>		
38	Date of Program Enrollment	<p>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.</p> <p>This date will be entered by program staff</p>
39	Date of Exit	<p>Record the date on which the last service funded by the program or a partner program (excluding supportive services) is received by the participant or the date of incarceration or when the participant completes the program, whichever occurs first.</p> <p>This is a "hard exit" entered by program staff; it is not automatically generated by the system.</p>
40	Successful Exit	<p>Select <b>Yes</b> if the participant has successfully exited the program; Select <b>No</b> if the participant exited the program unsuccessfully</p>
41	Prerelease Contact	<p>Select <b>Yes</b> if the DoL grantee had any contact with the participant prior to registration in the program.</p> <p>Select <b>No</b> if the DoL grantee did not have any contact with the participant prior to registration in the program.</p>

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42	Other Reasons for Exit (at time of exit or during 3-quarter measurement period following the quarter of exit)	<p>Select <b>Health/Medical</b> 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.</p> <p>Select <b>Deceased</b> if the participant was found to be deceased or no longer living.</p> <p>Select <b>Family Care</b> if the participant is providing care for a family member 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.</p> <p>Select <b>Reservists Called to Active Duty</b> if the participant is a reservist who is called to active duty for at least 90 days.</p> <p>Leave <b>blank</b> if the none of the above reasons apply.</p>

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<b>SECTION II.B - SERVICES AND OTHER RELATED ASSISTANCE DATA</b>		
<b>Education Activities</b>		
	Service Category	Record 1 if the service category is Record 2 if the service category is Record 3 if the service category is Record 4 if the service category is Record 5 if the service category is Record 6 if the service category is Record 7 if the service category is Record 8 if the service category is Record 9 if the service category is Record 10 if the service category is Record 11 if the service category is Record 12 if the service category is Record 13 if the service category is
	Service Type	Record 1 if the service type is Record 2 if the service type is Record 3 if the service type is Record 4 if the service type is Record 5 if the service type is Record 6 if the service type is Record 7 if the service type is Record 8 if the service type is Record 9 if the service type is Record 10 if the service type is Record 11 if the service type is Record 12 if the service type is Record 13 if the service type is

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	Service Provider	Select the service provider from the dropdown menu.
	Provider Name	Enter the name of placement provider institution.
	Provider Contact First Name	Enter the first name of the contact person at placement provider.

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	Provider Contact Last Name	Enter the last name of the contact person at placement provider.
	Provider Contact Phone	Enter the phone number of the contact person at placement provider.
	Provider Contact Phone Extension	Enter the phone extension of the contact person at placement provider.

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	Provider Contact Email	Enter the email address of the contact person at placement provider.
	Provider Address Line 1	Enter the number and street address of the placement provider.
	Provider Access Line 2	Enter the office or mailbox number of the placement provider.

<b>No.</b>	<b>DATA ELEMENT NAME</b>	<b>DATA ELEMENT DEFINITIONS/INSTRUCTIONS</b>
	Provider City	Enter the city of the placement provider.
	Provider State	Enter the state of the placement provider.
	Provider Zip	Enter the zip code of the placement provider.



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44	Date Entered Math/Reading Remediation	<p>Enter the date on which the participant started math/reading remediation.</p> <p>Math/Reading remediation consists of classroom instruction designed to improve a participant's reading and/or math skills for those participants who are determined to be basic literacy skills deficient. Basic education skills include reading comprehension, math computation, writing, speaking, listening, problem solving, reasoning, and the capacity to use these skills.</p>
45	Expected Completion Date of Math/Reading Remediation	<p>Enter the date on which the participant is expected to complete math/reading Remediation.</p>
46	Date Ended Math/Reading Remediation	<p>Enter the date on which the participant exited math/reading remediation.</p>
47	Completed Math/Reading Remediation	<p>Select <b>Yes</b> if the participant successfully completed math/reading remediation.</p> <p>Select <b>No</b> if the participant did not successfully complete math/reading remediation.</p>
48	Date Entered GED Preparation	<p>Enter the date on which the participant started GED preparation.</p> <p>GED preparation is an activity intended to prepare an participant for passing the GED examination.</p>

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49	Expected Completion Date of GED Preparation	Enter the date on which the participant is expected to complete GED preparation.
50	Date Ended GED Preparation	Enter the date on which the participant exits GED preparation.
51	Completed GED Preparation	Select <b>Yes</b> if the participant successfully completed GED preparation Select <b>No</b> if the participant did not successfully complete GED preparation.
52	Date Entered Other Education Activities	Enter the date on which the participant started other education activities .
53	Type of Other Education Activities	Specify the type of other education activities .
54	Expected Completion Date of Other Education Activities	Enter the date on which the participant is expected to complete other education activities .
55	Date Ended Other Education Activities	Enter the date on which the participant exits other education activities .
56	Date Entered High School Diploma Program	Enter the date on which the participant entered high school diploma program

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57	Expected Completion Date of High School Diploma Program	Enter the date on which the participant is expected to earn their high school diploma.
58	Date Ended High School Diploma Program	Enter the date on which the participant exits the high school diploma program.
59	Completed High School Diploma Program	<p>Select <b>Yes</b> if the participant successfully completed a high school diploma program</p> <p>Select <b>No</b> if the participant did not successfully complete a high school diploma program</p>

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<b>Education or Job Training Activities</b>		
60	Date Entered Vocational/ Occupational Skills Training Services	Enter the date on which the participant started vocational/occupational skills training.  Vocational/ occupational skills training is a type of long term occupational training consisting of specific classroom and work-based study in a specific occupation leading to a degree or certificate.
61	Expected Completion Date of Vocational/ Occupational Skills Training Services	Enter the date on which the participant is expected to complete vocational/occupational skills training.
62	Date Entered Vocational/ Occupational Skills Training Services	Enter the date on which the participant started vocational/occupational skills training.  Vocational/ occupational skills training is a type of long term occupational training consisting of specific classroom and work-based study in a specific occupation leading to a degree or certificate.
63	Expected Completion Date of Vocational/ Occupational Skills Training Services	Enter the date on which the participant is expected to complete vocational/occupational skills training.

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64	Date Entered Pre-Apprenticeship Program	<p>Enter the date on which the participant started a pre-apprenticeship program</p> <p>A pre-apprenticeship program means an organized plan under which apprenticeship candidates will be selected for a short (a few weeks) intensified training period in a school or training center, with the intent to place them into regular apprenticeship upon completion or soon after completion of pre-apprenticeship.</p>
65	Expected Completion Date of Pre-Apprenticeship Program	Enter the date on which the participant is expected to complete pre-apprenticeship program .
66	Date Ended Pre-Apprenticeship Program	Enter the date on which the participant exits pre-apprenticeship program.
67	Completed Pre-Apprenticeship Program	<p>Select <b>Yes</b> if the participant successfully completed pre-apprenticeship program</p> <p>Select <b>No</b> if the participant did not successfully complete pre-apprenticeship program.</p>

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68	Date Entered On the Job Training (OJT)	<p>Enter the date on which the participant started on-the-job training (OJT).</p> <p>OJT is training provided by an employer that pays the participant while the participant is engaged in productive work. The job provides knowledge or skills essential to the full and adequate performance of the job, provides reimbursement to the employer of up to 50% of the wage rate of the participant, and is limited in duration to a period appropriate to the occupation for which the participant is being trained.</p>
69	Expected Completion Date of On the Job Training (OJT)	<p>Enter the date on which the participant is expected to complete on-the-job training (OJT).</p>
70	Date Entered On the Job Training (OJT)	<p>Enter the date on which the participant started on-the-job training (OJT).</p> <p>OJT is training provided by an employer that pays the participant while the participant is engaged in productive work. The job provides knowledge or skills essential to the full and adequate performance of the job, provides reimbursement to the employer of up to 50% of the wage rate of the participant, and is limited in duration to a period appropriate to the occupation for which the participant is being trained.</p>

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71	Expected Completion Date of On the Job Training (OJT)	Enter the date on which the participant is expected to complete on-the-job training (OJT).
72	Date Entered On the Job Training (OJT)	<p>Enter the date on which the participant started on-the-job training (OJT).</p> <p>OJT is training provided by an employer that pays the participant while the participant is engaged in productive work. The job provides knowledge or skills essential to the full and adequate performance of the job, provides reimbursement to the employer of up to 50% of the wage rate of the participant, and is limited in duration to a period appropriate to the occupation for which the participant is being trained.</p>
73	Date Entered Other Job Training Activities	Enter the date on which the participant started other Job Training activities .
74	Type of Other Job Training Activities	Specify the type of other Job Training activities .
75	Expected Completion Date of Other Job Training Activities	Enter the date on which the participant is expected to complete other job training activities .
76	Date Ended Other Job Training Activities	Enter the date on which the participant exits other education activities .

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<b>Workforce Preparation Activities</b>		
77	Date Entered Subsidized Employment	Enter the date on which the participant started subsidized employment.
78	Expected Completion Date of Subsidized Employment	Enter the date on which the participant is expected to complete subsidized employment.
79	Date Ended Subsidized Employment	Enter the date on which the participant exited subsidized employment.
80	Completed Subsidized Employment	<p>Select <b>Yes</b> if the participant successfully completed subsidized employment.</p> <p>Select <b>No</b> if the participant did not successfully complete subsidized employment.</p>
81	Date Entered Internship	<p>Enter the date on which the participant started internship.</p> <p>Internship consists of onsite work experience designed to improve an enrollee's occupational skills and readiness for the world of work.</p>
82	Expected Completion Date of Internship	Enter the date on which the participant is expected to complete internship.
83	Date Ended Internship	Enter the date on which the participant exits internship.



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84	Completed Internship	<p>Select <b>Yes</b> if the participant successfully completed internship</p> <p>Select <b>No</b> if the participant did not successfully complete internship.</p>
85	Date Entered Workforce Information Services	<p>Enter the date on which the participant started workforce information services.</p> <p>Workforce information services include, but is not limited to, providing information on state and local labor market conditions; industries, occupations and characteristics of the workforce; area business identified skills needs; employer wage and benefit trends; short- and long-term industry and occupational projections; worker supply and demand; and job vacancies survey results. Workforce information also includes local employment dynamics information such as workforce availability; business turnover rates; job creation; job destruction; new hire rates, worker residency, commuting pattern information; and the identification of high growth and high demand industries.</p>
86	Expected Completion Date of Workforce Information Services	<p>Enter the date on which the participant is expected to complete workforce information services.</p>
87	Date Ended Workforce Information Services	<p>Enter the date on which the participant exits workforce information services.</p>

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
88	Completed Workforce Information Services	<p>Select <b>Yes</b> if the participant successfully completed workforce information services</p> <p>Select <b>No</b> if the participant did not successfully complete workforce information services.</p>
89	Date Entered Work Readiness Training	<p>Enter the date on which the participant started work readiness training.</p> <p>Work readiness training includes world of work awareness, labor market knowledge, occupational information, values clarification and personal understanding, career planning and decision-making, and job search techniques (resumes, interviews, applications, and follow-up letters). It also includes positive work habits, attitudes, and behavior such as punctuality, regular attendance, presenting a neat appearance, getting along and working well with others, exhibiting good conduct, following instructions and completing tasks, accepting constructive criticism from supervisors and co-workers, showing initiative and reliability, and assuming the responsibilities involved in maintaining a job.</p>
90	Expected Completion Date of Work Readiness Training	<p>Enter the date on which the participant is expected to complete work readiness training.</p>
91	Date Ended Work Readiness Training	<p>Enter the date on which the participant exits work readiness training.</p>

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
92	Completed Work Readiness Training	<p>Select <b>Yes</b> if the participant successfully completed work readiness training</p> <p>Select <b>No</b> if the participant did not successfully complete work readiness training.</p>
93	Date Entered Career/Life Skills Counseling	<p>Enter the date on which the participant started career/life skills counseling.</p> <p>Career/Life skills counseling is any formal counseling provided on a specific life skill or related to career guidance.</p>
94	Expected Completion Date of Career/Life Skills Counseling	<p>Enter the date on which the participant is expected to complete career/life skills counseling.</p>
95	Date Ended Career/Life Skills Counseling	<p>Enter the date on which the participant exits career/life skills counseling.</p>
96	Completed Career/Life Skills Counseling	<p>Select <b>Yes</b> if the participant successfully completed career/life skills counseling</p> <p>Select <b>No</b> if the participant did not successfully complete career/life skills counseling.</p>
97	Date Entered Other Workforce Preparation Activities	<p>Enter the date on which the participant started other workforce preparation activities.</p>

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
98	Type of Other Workforce Preparation Activities	Specify the type of other workforce preparation activities.
99	Expected Completion Date of Other Workforce Preparation Activities	Enter the date on which the participant is expected to complete other workforce preparation activities.
100	Date Ended Other Workforce Preparation Activities	Enter the date on which the participant exits other workforce preparation activities.
101	Completed Other Workforce Preparation Activities	<p>Select <b>Yes</b> if the participant successfully completed other workforce preparation activities</p> <p>Select <b>No</b> if the participant did not successfully complete other workforce preparation activities.</p>

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
<b>Community Involvement and Leadership Development Activities</b>		
102	Date Entered Community Service	Enter the date on which the participant started community service.  Community service is an activity in which the participants perform volunteer work that benefits the community
103	Expected Completion Date of Community Service	Enter the date on which the participant is expected to complete community service.
104	Date Ended Community Service	Enter the date on which the participant exits community service.
105	Completed Community Service	Select <b>Yes</b> if the participant successfully completed community service  Select <b>No</b> if the participant did not successfully complete community service.
106	Date Entered Other Community Involvement Activities	Enter the date on which the participant started other community involvement activities.
107	Type of Other Community Involvement Activities	Specify the type of other community involvement activities.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
108	Expected Completion Date of Other Community Involvement Activities	Enter the date on which the participant is expected to complete other community involvement activities.
109	Date Ended Other Community Involvement Activities	Enter the date on which the participant exits other community involvement activities.
110	Completed Other Community Involvement Activities	Select <b>Yes</b> if the participant successfully completed other community involvement activities. Select <b>No</b> if the participant did not successfully complete other community involvement activities.
111	Date Entered Leadership Development Activities	Enter the date on which the participant started leadership development activities.  Leadership development activities may include participation on youth advisory board, [provide other examples]
112	Expected Completion Date of Leadership Development Activities	Enter the date on which the participant is expected to complete leadership development activities

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
113	Date Ended Leadership Development Activities	Enter the date on which the participant exits leadership development activities.
114	Completed Leadership Development Activities	Select <b>Yes</b> if the participant successfully completed leadership development activities. Select <b>No</b> if the participant did not successfully complete leadership development activities.
115	Date Entered Post Secondary Exploration and Planning	Enter the date on which the participant started receiving post-secondary exploration and planning services. Post-secondary exploration and planning services may include college tours, assistance with college applications, financial and scholarship applications, college preparation classes on time management, study skills, etc.
116	Expected Completion Date of Post-Secondary Exploration and Planning Services	Enter the date on which the participant is expected to complete post-secondary exploration and planning activities.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
117	Date Ended Post Secondary Planning and Exploration Activities	Enter the date on which the participant exits post secondary planning and exploration activities
118	Received Educational Achievement Services	<b>Record 1</b> if the participant received educational achievement services. Educational achievement services include, but are not limited to, tutoring, time management skills, and study skills training <b>Record 2</b> if the individual did not receive any of the services described above.



No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
<b>Mentoring Activities</b>		
119	Date Entered Mentoring Activities	<p>Enter the date on which the participant started mentoring activities.</p> <p>Mentoring is a sustained relationship between a mentor and participant, whether one on one or in a group setting. Through continued involvement, a mentor offers support and guidance in the individual's development to become a responsible member of the community. A variety of approaches may be used such as coaching, training, discussion, and counseling.</p>
120	Expected Completion Date of Mentoring Activities	Enter the date on which the participant is expected to complete mentoring activities.
121	Date Ended Mentoring Activities	Enter the date on which the participant exits mentoring activities.
122	Completed Mentoring Activities	<p>Select <b>Yes</b> if the participant successfully completed mentoring activities</p> <p>Select <b>No</b> if the participant did not successfully complete mentoring activities.</p>

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
<b>Health Services</b>		
123	Date Entered Substance Abuse Treatment	Enter the date on which the participant started substance abuse treatment.
124	Provider Type	<p>Select <b>Faith-based Provider</b> if the substance abuse treatment is provided by a faith-based organization.</p> <p>Select <b>Community-based Provider</b> if the substance abuse treatment is provided by a community-based organization.</p> <p>Select <b>Public Provider</b> if the substance abuse treatment is provided by a public organization.</p>
125	Expected Completion Date of Substance Abuse Treatment	Enter the date on which the participant is expected to complete substance abuse treatment.
126	Date Ended Substance Abuse Treatment	Enter the date on which the participant exited substance abuse treatment
127	Completed Substance Abuse Treatment	<p>Select <b>Yes</b> if the participant successfully completed substance abuse treatment.</p> <p>Select <b>No</b> if the participant did not successfully complete substance abuse treatment.</p>

<b>No.</b>	<b>DATA ELEMENT NAME</b>	<b>DATA ELEMENT DEFINITIONS/INSTRUCTIONS</b>
128	Date Entered Mental Health Treatment	Enter the date on which the participant started mental health treatment.
129	Expected Completion Date of Mental Health Treatment	Enter the date on which the participant is expected to complete mental health treatment.
130	Date Ended Mental Health Treatment	Enter the date on which the participant exited mental health treatment
131	Completed Mental Health Treatment	<p>Select Yes if the participant successfully completed mental health treatment.</p> <p>Select No if the participant did not successfully complete mental health treatment.</p>
132	Date Entered Emergency Medical Care	Enter the date on which the participant started emergency medical care.
133	Expected Completion Date of Emergency Medical Care	Enter the date on which the participant is expected to complete emergency medical care.
134	Date Ended Emergency Medical Care	Enter the date on which the participant exited emergency medical care

<b>No.</b>	<b>DATA ELEMENT NAME</b>	<b>DATA ELEMENT DEFINITIONS/INSTRUCTIONS</b>
135	Completed Emergency Medical Care	<p>Select Yes if the participant successfully completed emergency medical care.</p> <p>Select No if the participant did not successfully complete emergency medical care.</p>
136	Date Entered Non-Emergency Medical Care	Enter the date on which the participant started non-emergency medical care.
137	Expected Completion Date of Non-Emergency Medical Care	Enter the date on which the participant is expected to complete non-emergency medical care.
138	Date Ended Non-Emergency Medical Care	Enter the date on which the participant exited non-emergency medical care
139	Completed Non-Emergency Medical Care	<p>Select Yes if the participant successfully completed non-emergency medical care.</p> <p>Select No if the participant did not successfully complete non-emergency medical care.</p>
140	Date Entered Pregnancy Leave	Enter the date on which the participant started pregnancy leave.
141	Expected Completion Date Pregnancy Leave	Enter the date on which the participant is expected to complete Pregnancy Leave.

<b>No.</b>	<b>DATA ELEMENT NAME</b>	<b>DATA ELEMENT DEFINITIONS/INSTRUCTIONS</b>
142	Date Ended Pregnancy Leave	Enter the date on which the participant exited Pregnancy Leave
143	Completed Pregnancy Leave	<p>Select Yes if the participant successfully completed Pregnancy Leave.</p> <p>Select No if the participant did not successfully complete Pregnancy Leave.</p>
144	Date Entered Other Health Services	Enter the date on which the participant started other health services.
145	Expected Completion Date of Other Health Services	Enter the date on which the participant is expected to complete other health services.
146	Date Ended Other Health Services	Enter the date on which the participant exited other health services
147	Completed Other Health Services	<p>Select Yes if the participant successfully completed other health services.</p> <p>Select No if the participant did not successfully complete other health services.</p>

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
<b>Supportive Services</b>		
148	Date Entered Transportation Services	Enter the date on which the participant started transportation services. Transportation services include assistance or cash paid to participants for the purpose of transportation.
149	Date Ended Transportation Services	Enter the date on which the participant exits transportation services.
150	Date Entered Child Care Services	Enter the date on which the participant started child care services. Child care services provide participants during program participation with child care that can be inside or outside the home, as well as after-school programs. It usually includes supervision and shelter.
151	Date Ended Child Care Services	Enter the date on which the participant exits child care services.
152	Date Entered Follow-up Services	Enter the date on which the participant started other follow-up services.  Other follow-up services are on-going mentoring that occurs after exit.
153	Date Ended Follow-up Services	Enter the last date on which the participant received follow-up services.
154	Date Entered Other Supportive Services	Enter the date on which the participant started other supportive services. Other supportive services includes all supportive services not listed above.
155	Date Ended Other Supportive Services	Enter the date on which the participant exits other supportive services.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
<b>SECTION III - PROGRAM OUTCOMES INFORMATION</b>		
<b>SECTION III.A - FOLLOW-UP</b>		
<b>SECTION III.B - SHORT-TERM OUTCOME STATUS</b>		
156	Date of Initial Placement Into Unsubsidized Employment	Enter the date on which the participant started the initial unsubsidized employment
157	Employer Name for Initial Placement Into Unsubsidized Employment	Enter the employer's name for the participant's initial placement into unsubsidized employment.
158	Employer Contact for Initial Placement Into Unsubsidized Employment	Enter the contact information for the employer for the participant's placement into unsubsidized employment.
159	Last Date of Employment for Initial Placement into Unsubsidized Employment	Enter the last date on which the participant worked for the employer.
160	Hourly Wage at Placement for Initial Placement into Unsubsidized Employment	Enter the hourly wage for the initial unsubsidized unemployment at placement.

<b>No.</b>	<b>DATA ELEMENT NAME</b>	<b>DATA ELEMENT DEFINITIONS/INSTRUCTIONS</b>
161	Number of Hours Worked During the 1st Full Week in Initial Placement into Unsubsidized Employment.	Enter the number of hours worked during the first full week for the initial job placement. Please round up to the nearest hour.
162	Benefits for Initial Placement into Unsubsidized Employment	Enter the type of employment benefits (i.e., vacation and sick leave, health insurance, tuition reimbursement, etc.) for this placement. 0 = no benefits; 1 = partial benefits; 2 = full benefits.
163	Date of Placement Into Unsubsidized Employment #2	Enter the date on which the participant started the unsubsidized employment.
164	Employer Name for Placement Into Unsubsidized Employment #2	Enter the employer's name for the participant's placement into unsubsidized employment.
165	Employer Contact for Placement Into Unsubsidized Employment #2	Enter the contact information for the employer for the participant's placement into unsubsidized employment.
166	Last Date of Employment for Placement into Unsubsidized Employment #2	Enter the last date on which the participant worked for the employer.



No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
167	Hourly Wage at Placement for Placement into Unsubsidized Employment #2	Enter the hourly wage for the unsubsidized unemployment at placement.
168	Number of Hours Worked During the 1st Full Week in Placement into Unsubsidized Employment #2	Enter the number of hours worked during the first full week for the placement into unsubsidized employment. Please round up to the nearest hour.
169	Benefits for Placement into Unsubsidized Employment #2	Enter the type of employment benefits (i.e., vacation and sick leave, health insurance, tuition reimbursement, etc.) for this placement. 0 = no benefits; 1 = partial benefits; 2 = full benefits.
	Reason for Leaving Placement in Unsubsidized employment	Record 1 if the reason is Record 2 if the reason is Record 3 if the reason is Record 4 if the reason is Record 5 if the reason is Record 6 if the reason is Record 7 if the reason is Record 8 if the reason is Record 9 if the reason is Record 10 if the reason is Record 11 if the reason is Record 12 if the reason is Record 13 if the reason is

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
170	Repeat Fields 154 to 160 for Additional Jobs	Grantees must be able to collect the above job information for as many jobs as the participant has.
	Self Employed	Record 1 if the placement is self-employed. Record 0 if the placement is not self-employed.
171	Initial Conviction	If the participant has never been previously convicted but is convicted after enrolling in the program please select <b>yes</b> to record
172	Date Initial Arrest	Enter the date on which the participant was convicted.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
173	Re-Arrested/ Re-Incarcerated	<p>Select the appropriate choice from below:</p> <p><b>Re-arrested for a new crime</b> if the participant is arrested for a new crime.</p> <p><b>Re-incarcerated for a revocation of the parole or probation order for violations of terms of sentence.</b></p> <p><b>Otherwise violated the terms and condition of their sentence</b> if the participant violates his/her parole or probation and is not re-incarcerated. (Note: This option does not count towards the recidivism rate.)</p> <p>Select <b>No</b> if none of the above conditions apply.</p> <p>This field repeats as needed.</p>
174	Date Re-Arrested/ Re-Incarcerated	<p>Enter the date on which the participant was re-arrested for a new crime or re-incarcerated for a violation of parole or probation.</p> <p>This field repeats as needed for repeated.</p>
175	Date Re-arrested and Released	<p>Enter the date on which the participant was released from custody if the arrest charges were not upheld and the participant was not convicted of the crime for which they were arrested</p>
176	Date Entered Post-Secondary Education	<p>Enter the date on which the participant enrolled in post-secondary education during program participation..</p> <p>Leave blank if the participant does not enter post-secondary education during program participation.</p>

<b>No.</b>	<b>DATA ELEMENT NAME</b>	<b>DATA ELEMENT DEFINITIONS/INSTRUCTIONS</b>
177	Date Entered Registered Apprenticeship Program	<p>Enter the date on which the participant enrolled in registered apprenticeship during program participation.</p> <p>Leave blank if the participant does not enter a registered apprenticeship program during program participation.</p>
178	Employer Name for Placement Into Registered Apprenticeship Program	Enter the employer's name for the participant's placement into a registered apprenticeship .
179	Employer Contact for Placement Into Registered Apprenticeship Program	Enter the contact information for the employer for the participant's placement into a registered apprenticeship
180	Last Date of Employment for Placement into Registered Apprenticeship Program	Enter the last date on which the participant worked for the employer.
181	Hourly Wage at Placement for Placement into Registered Apprenticeship Program	Enter the hourly wage for the registered apprenticeship at placement.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
182	Number of Hours Worked During the 1st Full Week in Placement into Registered Apprenticeship Program	Enter the number of hours worked during the first full week for the placement into a registered apprenticeship. Please round up to the nearest hour.
183	Attained Driver's License	Select <b>Yes</b> if the participant earned driver's license otherwise leave blank

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
<b>SECTION III.C - POST-PROGRAM EMPLOYMENT AND JOB RETENTION DATA</b>		
184	Employed in 1st Quarter After Exit Quarter	Select <b>Yes</b> if the participant was employed in the first quarter after the quarter of exit. Select <b>No</b> if the participant was not employed in the first quarter after the quarter of exit.
185	Type of Employment Match 1st Quarter After Exit Quarter	Use the appropriate code to identify the method used in determining the individual's employment status in the first quarter following the quarter of exit. If the individual is found in more than once source of employment, record the data source for which the individual's earnings are greatest.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
186	Date of Follow-up for 1st Quarter After the Exit Quarter Employment and Wage Information	<p>Enter the date on which the grantee attempted to contact the participant or employer to obtain information on employment and earnings for the 1st quarter after the exit quarter post-program.</p> <p>Repeat for each follow-up attempt.</p>
187	Successful Follow-up for 1st Quarter After the Exit Quarter Employment and Wage Information	<p>Enter <b>Yes</b> if the grantee successfully contacted the participant to collect employment and earnings information for the 1st quarter after the exit quarter.</p> <p>Enter <b>No</b> if the grantee did not successfully contact the participant to collect this information.</p> <p>Repeat for each follow-up attempt.</p>
188	Employed in 2nd Quarter After Exit Quarter	<p>Select <b>Yes</b> if the participant was employed in the second quarter after the quarter if exit.</p> <p>Select <b>No</b> if the participant was not employed in the second quarter after the quarter of exit.</p>

<b>No.</b>	<b>DATA ELEMENT NAME</b>	<b>DATA ELEMENT DEFINITIONS/INSTRUCTIONS</b>
189	Type of Employment Match 2nd Quarter After Exit Quarter	Use the appropriate code to identify the method used in determining the individual's employment status in the second quarter following the quarter of exit. If the individual is found in more than once source of employment, record the data source for which the individual's earnings are greatest.
190	Hours Worked First Full Week for the 2nd Quarter After the Exit Quarter.	Enter the number of hours worked in the first full week of employment during the 2nd quarter after the exit quarter. Please round up to the nearest hour.
191	Hourly Wages First Full Week of Work for the 2nd Quarter After the Exit Quarter	Enter the hourly wage for the job listed in the above element for in the first full week of employment during the 2nd quarter after the exit quarter.



No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
192	Date of Follow-up for 2nd Quarter After the Exit Quarter Employment and Wage Information	Enter the date on which the grantee attempted to contact the participant to obtain information on employment and earnings for the 2nd quarter after the exit quarter post-program.  Repeat for each follow-up attempt.
193	Successful Follow-up for 2nd Quarter After the Exit Quarter Employment and Wage Information	Enter yes if the grantee successfully contacted the participant to collect employment and earnings information for the 2nd quarter after the exit quarter.  Enter no if the grantee did not successfully contact the participant to collect this information.  Repeat for each follow-up attempt.
194	Employed in 3rd Quarter After Exit Quarter	Select <b>Yes</b> if the participant was employed in the third quarter after the quarter of exit. Select <b>No</b> if the participant was not employed in the third quarter after the quarter of exit.

<b>No.</b>	<b>DATA ELEMENT NAME</b>	<b>DATA ELEMENT DEFINITIONS/INSTRUCTIONS</b>
195	Type of Employment Match 3rd Quarter After Exit Quarter	Use the appropriate code to identify the method used in determining the individual's employment status in the third quarter following the quarter of exit. If the individual is found in more than once source of employment, record the data source for which the individual's earnings are greatest.
196	Hours Worked First Full Week for the 3rd Quarter After the Exit Quarter.	Enter the number of hours worked in the first full week of employment during the 3rd quarter after the exit quarter. Please round up to the nearest hour.
197	Hourly Wages First Full Week of Work for the 3rd quarter after the exit quarter	Enter the hourly wage for the job listed in the above element for in the first full week of employment during the 3rd quarter after the exit quarter.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
198	Date of Follow-up for 3rd Quarter After the Exit Quarter Employment and Wage Information	<p>Enter the date on which the grantee attempted to contact the participant to obtain information on employment and earnings for the 3rd quarter after the exit quarter post-program.</p> <p>Repeat for each follow-up attempt.</p>
199	Successful Follow-up for 3rd Quarter After the Exit Quarter Employment and Wage Information	<p>Enter <b>Yes</b> if the grantee successfully contacted the participant to collect employment and earnings information for the 3rd quarter after the exit quarter.</p> <p>Enter <b>No</b> if the grantee did not successfully contact the participant to collect this information.</p> <p>Repeat for each follow-up attempt.</p>
200	Employed in 4th Quarter After Exit Quarter	<p>Select <b>Yes</b> if the participant was employed in the first quarter after the quarter of exit.</p> <p>Select <b>No</b> if the participant was not employed in the first quarter after the quarter of exit.</p>

<b>No.</b>	<b>DATA ELEMENT NAME</b>	<b>DATA ELEMENT DEFINITIONS/INSTRUCTIONS</b>
201	Type of Employment Match 4th Quarter After Exit Quarter	Use the appropriate code to identify the method used in determining the individual's employment status in the first quarter following the quarter of exit. If the individual is found in more than once source of employment, record the data source for which the individual's earnings are greatest.
202	Date of Follow-up for 4th Quarter After the Exit Quarter Employment and Wage Information	Enter the date on which the grantee attempted to contact the participant or employer to obtain information on employment and earnings for the 1st quarter after the exit quarter post-program.  Repeat for each follow-up attempt.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
203	Successful Follow-up for 4th Quarter After the Exit Quarter Employment and Wage Information	<p>Enter <b>Yes</b> if the grantee successfully contacted the participant to collect employment and earnings information for the 1st quarter after the exit quarter.</p> <p>Enter <b>No</b> if the grantee did not successfully contact the participant to collect this information.</p> <p>Repeat for each follow-up attempt.</p>

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
<b>SECTION III.D - POST-PROGRAM WAGE DATA</b> <b>These fields are to be used for wage record data only.</b>		
204	Wages 1st Quarter After Exit Quarter	Record total earnings from wage records for the first quarter after the quarter of exit. Enter 999999.99 if data is not yet available.
205	Wages 2nd Quarter After Exit Quarter	Record total earnings from wage records for the second quarter after the quarter of exit. Enter 999999.99 if data is not yet available.
206	Wages 3rd Quarter After Exit Quarter	Record total earnings from wage records for the third quarter after the quarter of exit. Enter 999999.99 if data is not yet available.
207	Wages 4th Quarter After Exit Quarter	Record total earnings from wage records for the third quarter after the quarter of exit. Enter 999999.99 if data is not yet available.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
<b>SECTION III.E - POST-PROGRAM POST-SECONDARY EDUCATION OR TRAINING</b>		
208	Enrolled in Post-Secondary Education or Training in 1st Quarter After Exit Quarter	Select <b>Yes</b> if the participant was enrolled in post-secondary education or training in the first quarter after the quarter of exit. Select <b>No</b> if the participant was not enrolled in post-secondary education or training in the first quarter after the quarter of exit.
209	Type of Post-Secondary Education or Training 1st Quarter After Exit Quarter	Enter the type of post-secondary education or training that the participant is enrolled in. Advanced Training/Occupational Skills Training – To count as a placement for the Youth Common Measures, advanced training constitutes an organized program of study that provides specific vocational skills that lead to proficiency in performing actual tasks and technical functions required by certain occupational fields at entry, intermediate, or advanced levels. Such training should: (1) be outcome-oriented and focused on a long-term goal as specified in the Individual Service Strategy, (2) be long- term in nature and commence upon program exit rather than being short-term training that is part of services received while enrolled in ETA-funded youth programs, and (3) result in attainment of a certificate (as defined below under this attachment).

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
210	Date of Follow-up for 1st Quarter After the Exit Quarter Post-Secondary Education or Training	<p>Enter the date on which the grantee attempted to contact the participant to obtain information on enrollment in post-secondary education or training for the 1st quarter after the exit quarter post-program.</p> <p>Repeat for each follow-up attempt.</p>
211	Successful Follow-up for 1st Quarter After the Exit Quarter Enrollment in Post-Secondary Education or Training	<p>Enter <b>Yes</b> if the grantee successfully contacted the participant to collect information on enrollment in post-secondary education or training for the 1st quarter after the exit quarter.</p> <p>Enter <b>No</b> if the grantee did not successfully contact the participant to collect this information.</p> <p>Repeat for each follow-up attempt.</p>
212	Enrolled in Post-Secondary Education or Training in 2nd Quarter After Exit Quarter	<p>Select <b>Yes</b> if the participant was enrolled in post-secondary education or training in the second quarter after the quarter of exit.</p> <p>Select <b>No</b> if the participant was not enrolled in post-secondary education or training in the second quarter after the quarter of exit.</p>



No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
213	Type of Post-Secondary Education or Training 2nd Quarter After Exit Quarter	Enter the type of post-secondary education or training that the participant is enrolled in.
214	Date of Follow-up for 2nd Quarter After the Exit Quarter Enrollment in Post-Secondary Education or Training	Enter the date on which the grantee attempted to contact the participant to obtain information on enrollment in post-secondary education or training for the 2nd quarter after the exit quarter post-program.  Repeat for each follow-up attempt.
215	Successful Follow-up for 3rd Quarter After the Exit Quarter Enrollment in Post-Secondary Education or Training	Enter <b>Yes</b> if the grantee successfully contacted the participant to collect information on enrollment in post-secondary education or training for the 3rd quarter after the exit quarter.  Enter <b>No</b> if the grantee did not successfully contact the participant to collect this information.  Repeat for each follow-up attempt.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
216	Enrolled in Post-Secondary Education or Training in 2nd Quarter After Exit Quarter	Select <b>Yes</b> if the participant was enrolled in post-secondary education or training in the third quarter after the quarter of exit. Select <b>No</b> if the participant was not enrolled in post-secondary education or training in the third quarter after the quarter of exit.
217	Type of Post-Secondary Education or Training 3rd Quarter After Exit Quarter	Enter the type of post-secondary education or training that the participant is enrolled in.
218	Date of Follow-up for 3rd Quarter After the Exit Quarter Enrollment in Post-Secondary Education or Training	Enter the date on which the grantee attempted to contact the participant to obtain information on enrollment in post-secondary education or training for the 3rd quarter after the exit quarter post-program.  Repeat for each follow-up attempt.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
219	Successful Follow-up for 3rd Quarter After the Exit Quarter Enrollment in Post-Secondary Education or Training	<p>Enter <b>Yes</b> if the grantee successfully contacted the participant to collect information on enrollment in post-secondary education or training for the 3rd quarter after the exit quarter.</p> <p>Enter <b>No</b> if the grantee did not successfully contact the participant to collect this information.</p> <p>Repeat for each follow-up attempt.</p>
220	Enrolled in Post-Secondary Education or Training in 4th Quarter After Exit Quarter	<p>Select <b>Yes</b> if the participant was enrolled in post-secondary education or training in the fourth quarter after the quarter of exit.</p> <p>Select <b>No</b> if the participant was not enrolled in post-secondary education or training in the fourth quarter after the quarter of exit.</p>
221	Type of Post-Secondary Education or Training 4th Quarter After Exit Quarter	Enter the type of post-secondary education or training that the participant is enrolled in.

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
222	Date of Follow-up for 4th Quarter After the Exit Quarter Enrollment in Post-Secondary Education or Training	<p>Enter the date on which the grantee attempted to contact the participant to obtain information on enrollment in post-secondary education or training for the 4th quarter after the exit quarter post-program.</p> <p>Repeat for each follow-up attempt.</p>
223	Successful Follow-up for 4th Quarter After the Exit Quarter Enrollment in Post-Secondary Education or Training	<p>Enter <b>Yes</b> if the grantee successfully contacted the participant to collect information on enrollment in post-secondary education or training for the 1st quarter after the exit quarter.</p> <p>Enter <b>No</b> if the grantee did not successfully contact the participant to collect this information.</p> <p>Repeat for each follow-up attempt.</p>

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
<b>SECTION III.F- EDUCATION AND CREDENTIAL DATA</b>		
224	Attained Diploma, GED, or Certificate #1	<p>Select <b>attained a secondary school diploma</b> individual attained a secondary school (high school) diploma recognized by the State.</p> <p>Select <b>attained a GED or high school equivalency diploma</b> if the individual attained a GED or high school equivalency diploma recognized by the State.</p> <p>Select <b>attained a certificate in recognition of attainment of technical or occupational skills</b> if the individual attained a certificate in recognition of attainment of technical or occupational skills.</p> <p>Select <b>did not attain a diploma, GED, or certificate</b> if the individual did not attain a diploma, GED, or certificate.</p>
225	Date Attained Degree or Certificate #1	<p>Record the date on which the individual attained a diploma, GED, or certificate.</p> <p>Leave "blank" if the individual did not attain a diploma, GED, or certificate.</p>
226	Specify the Name of Certificate #1	<p>Specify the name of the first certificate achieved.</p> <p>Leave blank if no certificate was achieved.</p>

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
227	Attained Diploma, GED, or Certificate #2	<p>Select <b>attained a secondary school diploma</b> individual attained a secondary school (high school) diploma recognized by the State.</p> <p>Select <b>attained a GED or high school equivalency diploma</b> if the individual attained a GED or high school equivalency diploma recognized by the State.</p> <p>Select <b>attained a certificate in recognition of attainment of technical or occupational skills</b> if the individual attained a certificate in recognition of attainment of technical or occupational skills.</p> <p>Select <b>did not attain a diploma, GED, or certificate</b> if the individual did not attain a diploma, GED, or certificate.</p>
228	Date Attained Degree or Certificate #2	<p>Record the date on which the individual attained a diploma, GED, or certificate.</p> <p>Leave "blank" if the individual did not attain a diploma, GED, or certificate.</p>
229	Specify the Name of Certificate #2	<p>Specify the name of the second certificate achieved.</p> <p>Leave blank if no certificate was achieved.</p>

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
<b>SECTION III.G - ADDITIONAL LITERACY AND NUMERACY ASSESSMENT DATA</b>		
230	Category of Assessment	<p><b>Record 1</b> if the participant was assessed using approved tests for Adult Basic Education (ABE)</p> <p><b>Record 2</b> if the participant was assessed using approved tests for English-As-A-Second Language (ESL)</p> <p><b>Record 0</b> or leave "blank" if the individual was not assessed in literacy or numeracy.</p>
231	Type of Assessment Test	<p>Use the appropriate code to record the type of assessment test that was administered to the youth participant.</p> <p><b>Record 0</b> or leave "blank" if the individual was not assessed in literacy or numeracy.</p>
232	Functional Area	<p>Use the appropriate code for the functional area of the assessment test that was administered to the youth participant.</p> <p><b>Record 0</b> or leave "blank" if the individual was not assessed in literacy or numeracy.</p>
233	Date Administered Pre-Test	<p>Record the date on which the pre-assessment test was administered to the youth participant.</p> <p>Leave "blank" if the individual was not assessed in literacy or numeracy.</p>

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
234	Pre-Test Score	Record the raw scale score achieved by the youth participant on the pre-assessment test. <b>Record 000</b> or leave "blank" if the individual was not assessed in literacy or numeracy.
235	Educational Functioning Level	Record the educational functioning level that is associated with the youth participant's raw scale score. <b>Record 0</b> or leave "blank" if the individual was not assessed in literacy or numeracy.
236	Date Administered Post-Test #1	Record the date on which the post-test was administered to the youth during his/her first year of participation in the program. If multiple post-tests were administered, record the most recent date on which the functional area post-test was administered. Leave "blank" if the youth did not receive a post-test during his/her first year of participation in the program.
237	Post-Test Score #1	Record the raw scale score achieved by the youth participant. <b>Record 000</b> or leave "blank" if the youth did not receive a post-test during his/her first year of participation in the program.



No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
238	Educational Functioning Level #1	<p>Record the educational functioning level that is associated with the youth participant's raw scale score.</p> <p><b>Record 0</b> or leave "blank" if the youth did not receive a post-test during his/her first year of participation in the program.</p>

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
239	Date Administered Post-Test #2	<p>Record the date on which the post-test was administered to the youth during his/her second year of participation in the program. If multiple post-tests were administered, record the most recent date on which the functional area post-test was administered.</p> <p>Leave "blank" if the youth did not receive a post-test during his/her second year of participation in the program.</p> <p><u>Additional Note:</u> For WIASRD Elements #710-712, these fields are <u>only reported</u> for youth who remain basic skills deficient and continue to participate in the program for a second full year. At the completion of the second year, the individual should be post-tested and the information reported in these fields. To determine an increase of one or more levels, the individual's post-test scores from the second year in the program will be compared to the scores from the test that was administered at the latest point during the first year.</p>
240	Post-Test Score #2	<p>Record the raw scale score achieved by the youth participant.</p> <p><b>Record 000</b> or leave "blank" if the youth did not receive a post-test during his/her second year of participation in the program.</p>

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
241	Educational Functioning Level #2	<p>Record the educational functioning level that is associated with the youth participant's raw scale score.</p> <p><b>Record 0</b> or leave "blank" if the youth did not receive a post-test during his/her second year of participation in the program.</p>
242	Date Administered Post-Test #3	<p>Record the date on which the post-test was administered to the youth during his/her third year of participation in the program. If multiple post-tests were administered, record the most recent date on which the functional area post-test was administered.</p> <p>Leave "blank" if the youth did not receive a post-test during his/her third year of participation in the program.</p> <p><u>Additional Note:</u> For WIASRD Elements #713-715, these fields are <u>only reported</u> for youth who remain basic skills deficient and continue to participate in the program for a third full year. At the completion of the third year, the individual should be post-tested and the information reported in these fields. To determine an increase of one or more levels, the individual's post-test scores from the third year in the program will be compared to the scores from the test that was administered at the completion of the second year.</p>

No.	DATA ELEMENT NAME	DATA ELEMENT DEFINITIONS/INSTRUCTIONS
243	Post-Test Score #3	Record the raw scale score achieved by the youth participant. <b>Record 000</b> or leave "blank" if the youth did not receive a post-test during his/her third year of participation in the program.
244	Educational Functioning Level #3	Record the educational functioning level that is associated with the youth participant's raw scale score. <b>Record 0</b> or leave "blank" if the youth did not receive a post-test during his/her third year of participation in the program.

<b>No.</b>	<b>DATA ELEMENT NAME</b>	<b>DATA ELEMENT DEFINITIONS/INSTRUCTIONS</b>
245	Information on Additional Functional Areas	The collection of ABE/ESL assessment data for youth who are basic skills deficient is organized according to the Type of Assessment Test and Functional Area, providing space for the collection of up to 3 annual post-test scores in each functional area. Additional space has been provided on the record layout so that information on youth achievement in more than one functional area (e.g., reading, mathematics) can be reported as needed to fully reflect progress toward literacy or numeracy gains. For example, if the youth is assessed using TABE 9-10 in Reading and Math, data elements 702-715 will be used to track achievement in the Reading functional area (if necessary, for up to 3 full years) and then repeat to track achievement in the Math functional area (if necessary, for up to 3 full years) using the additional spaces 716-729 provided on the record layout.

This reporting requirement is approved under the Paperwork Reduction Act of 1995, OMB Control No. 1205-0464. Persons are not required to provide information unless it displays a currently valid OMB number. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and reviewing the collection of information, and reviewing the collection of information. 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, Youth Office, Room N4459, 200 Constitution Avenue, NW, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0464).

<b>OMB No. 1205-0464</b>
<b>Expires: 8/31/2018</b>
<b>VALID VALUES</b>
XXXXXXXXXX  (No hyphens)
1= Yes 0= No
MM/DD/YYYY
1 = Male 2 = Female Blank = no self-disclosure
1 = Yes 2 = No Blank = no self-disclosure
1 = Yes Blank = not reported

VALID VALUES
1 = Yes Blank = not reported
1 = Yes Blank = not reported
1 = Yes Blank = not reported
1 = Yes Blank = not reported
XXX-XXX-XXXX

VALID VALUES
XXXXXX
XXX-XXX-XXXX
XXXXXX
XXXXXXXXXXXXXXXXXXXX



**VALID VALUES**

XXXXXXXXXXXXXXXXXXXX

XXXXXX

XXX-XXX-XXXX

XXXXXX

**VALID VALUES**

XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

VALID VALUES
XX
XXXXX
1= Yes 0= No

VALID VALUES

VALID VALUES
--------------

VALID VALUES	
7 alphanumeric	
5 alphanumeric	
1 = Yes	2 = No
1 = Married 2 = Single 3 = Divorced 4 = Widowed 5 = Separated = Domestic Partnership 7 = Not Reported	6
00	

**VALID VALUES**

00

00 = No school grades completed  
01 - 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 Certificate

<b>VALID VALUES</b>
1 = Yes 2 = No
1 = Yes 2 = No
1 = Yes 2 = No
1 = Yes 2 = No



VALID VALUES
1 = Yes 2 = No
1 = Yes 2 = No
1 = Yes 2 = No
1 = Yes 2 = No

**VALID VALUES**

1 = Yes  
2 = No

1 = Yes  
2 = No  
Blank = no self-identification

1 = Yes, significant health issues  
2 = No significant health issues  
Blank = no self-identification

**VALID VALUES**

1 = Employed

2 = Employed, but Received Notice of Termination of Employment or Military Separation

3 = Not Employed

<b>VALID VALUES</b>
00 Blank = not employed
00.00 Blank = not employed
MM/DD/YYYY Blank = not employed

**VALID VALUES**

- 1 = Own/rent apartment, room, or house
- 2 = Staying at someone's apartment, room, or house (Stable)
- 3 = Halfway house/ transitional house
- 4 = Residential treatment
- 5 = Homeless
- 6 = Staying at someone's apartment, room, or house (Unstable)
- 7 = Group

Home

Text

<b>VALID VALUES</b>
1 = Parole 2 = Probation 3 = Other Criminal Justice/Court Supervision 4 = None
1 = Yes 2 = No
1 = Yes 2 = No
1 = Yes 2 = No

VALID VALUES	
MM/DD/YYYY	
MM/DD/YYYY	
1 = Yes	2 = No
1 = Yes 2 = No	

**VALID VALUES**

02 = Health/Medical

03 = Deceased

04 = Family Care

05 = Reservists Called to Active Duty

Blank = none of the above



VALID VALUES	
01=	
02=	
03=	
04=	
05=	
06=	
07=	
08=	
09=	
10=	
11=	
12=	
13=	
01=	
02=	
03=	
04=	
05=	
06=	
07=	
08=	
09=	
10=	
11=	
12=	
13=	

**VALID VALUES**

XXXXXXXXXXXXXX

XXXXXXXXXXXXXX

**VALID VALUES**

XXXXXXXXXXXXXXXX

XXX-XXX-XXXX

XXXXXX

**VALID VALUES**

XXXXXXXXXXXXXX

XXXXXXXXXXXXXX

XXXXXXXXXXXXXX

**VALID VALUES**

XXXXXXXXXXXXXXXX

XX

XXXXX

VALID VALUES
MM/DD/YYYY
MM/DD/YYYY
MM/DD/YYYY
1 = Yes 2 = No
MM/DD/YYYY

VALID VALUES
MM/DD/YYYY
MM/DD/YYYY
1 = Yes 2 = No
MM/DD/YYYY
Text
MM/DD/YYYY
MM/DD/YYYY
MM/DD/YYYY

VALID VALUES
MM/DD/YYYY
MM/DD/YYYY
1 = Yes 2 = No



VALID VALUES
MM/DD/YYYY
MM/DD/YYYY
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VALID VALUES
MM/DD/YYYY
MM/DD/YYYY
MM/DD/YYYY
1 = Yes 2 = No

**VALID VALUES**

MM/DD/YYYY

MM/DD/YYYY

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VALID VALUES
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Text
MM/DD/YYYY
MM/DD/YYYY

VALID VALUES
MM/DD/YYYY
MM/DD/YYYY
MM/DD/YYYY
1 = Yes 2 = No
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VALID VALUES
1 = Yes 2 = No
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VALID VALUES
1 = Yes 2 = No
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VALID VALUES
1 = Yes 2 = No
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1 = Yes 2 = No
MM/DD/YYYY



VALID VALUES
Text
MM/DD/YYYY
MM/DD/YYYY
1 = Yes 2 = No

VALID VALUES
MM/DD/YYYY
MM/DD/YYYY
MM/DD/YYYY
1 = Yes 2 = No
MM/DD/YYYY
Text

VALID VALUES
MM/DD/YYYY
MM/DD/YYYY
1 = Yes 2 = No
MM/DD/YYYY
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VALID VALUES
MM/DD/YYYY
1 = Yes 2 = No
MM/DD/YYYY
MM/DD/YYYY

**VALID VALUES**

MM/DD/YYYY

1 = Yes  
2 = No

VALID VALUES
MM/DD/YYYY
MM/DD/YYYY
MM/DD/YYYY
1 = Yes 2 = No

VALID VALUES
MM/DD/YYYY
1 = Faith-based Provider 2 = Community-based Provider 3 = Public Provider
MM/DD/YYYY
MM/DD/YYYY
1 = Yes 2 = No

VALID VALUES
MM/DD/YYYY
MM/DD/YYYY
MM/DD/YYYY
1 = Yes 2 = No
MM/DD/YYYY
MM/DD/YYYY
MM/DD/YYYY



VALID VALUES
1 =Yes 2 = No
MM/DD/YYYY
MM/DD/YYYY
MM/DD/YYYY
1 =Yes 2 = No
MM/DD/YYYY
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VALID VALUES
MM/DD/YYYY
1 =Yes 2 = No
MM/DD/YYYY
MM/DD/YYYY
MM/DD/YYYY
1 =Yes 2 = No

VALID VALUES
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MM/DD/YYYY
MM/DD/YYYY

VALID VALUES
MM/DD/YYYY
Text
Text
MM/DD/YYYY
00.00

VALID VALUES
00
0 = no benefits 1 = partial benefits 2 = full benefits
MM/DD/YYYY
Text
Text
MM/DD/YYYY

VALID VALUES
00.00
00
0 = no benefits 1 = partial benefits 2 = full benefits
01= 02= 03= 04= 05= 06= 07= 08= 09= 10= 11= 12= 13=

VALID VALUES
1= Yes 0= No
1 = Yes
MM/DD/YYYY

**VALID VALUES**

1 = Re-arrested for a new crime  
2 = Re- incarcerated for a revocation of the parole or probation order for violations of terms of sentence  
3 = Otherwise violated the terms and condition of their sentence  
4 = No

MM/DD/YYYY

MM/DD/YYYY

MM/DD/YYYY  
Blank = did not enter post-secondary education



VALID VALUES
MM/DD/YYYY Blank = did not enter post-secondary education
Text
Text
MM/DD/YYYY
00.00

VALID VALUES
00
1 = Yes

**VALID VALUES**

1 = Yes  
2 = No

1 = UI Wage Records (In-State & WRIS)  
2 = Federal Employment Records (OPM, USPS)  
3 = Military Employment Records (DOD)  
4 = Other Administrative Wage Records  
5 = Supplemental through case management, participant survey, and/or verification with the employer  
Blank = Not Employed.

VALID VALUES
MM/DD/YYYY
1 = Yes 2 = No
1 = Yes 2 = No

**VALID VALUES**

1 = UI Wage Records (In-State & WRIS)  
2 = Federal Employment Records (OPM, USPS)  
3 = Military Employment Records (DOD)  
4 = Other Administrative Wage Records  
5 = Supplemental through case management, participant survey, and/or verification with the employer  
Blank = Not Employed.

00

00.00

VALID VALUES
MM/DD/YYYY
1 = Yes 2 = No
1 = Yes 2 = No

**VALID VALUES**

1 = UI Wage Records (In-State & WRIS)  
2 = Federal Employment Records (OPM, USPS)  
3 = Military Employment Records (DOD)  
4 = Other Administrative Wage Records  
5 = Supplemental through case management, participant survey, and/or verification with the employer  
Blank = Not Employed.

00

00.00

**VALID VALUES**

MM/DD/YYYY

1 = Yes

2 = No

1 = Yes

2 = No



**VALID VALUES**

1 = UI Wage Records (In-State & WRIS)  
2 = Federal Employment Records (OPM, USPS)  
3 = Military Employment Records (DOD)  
4 = Other Administrative Wage Records  
5 = Supplemental through case management, participant survey, and/or verification with the employer  
Blank = Not Employed.

MM/DD/YYYY

**VALID VALUES**

1 = Yes

2 = No

VALID VALUES
000000.00
000000.00
000000.00
000000.00

**VALID VALUES**

1 = Yes  
2 = No

1 = Community College, AA degree track  
2 = Community College, Certificate track  
3 = 4 Year College  
4 = Long Term Occupational Skill Training  
Blank = Not Enrolled in post-secondary education or training

**VALID VALUES**

MM/DD/YYYY

1 = Yes  
2 = No

1 = Yes  
2 = No

**VALID VALUES**

1 = Community College, AA degree track

2 = Community College, Certificate track

3 = 4 Year College

4 = Long Term Occupational Skill Training

Blank = Not Enrolled in post-secondary education or training

MM/DD/YYYY

1 = Yes

2 = No

**VALID VALUES**

1 = Yes  
2 = No

1 = Community College, AA degree track  
2 = Community College, Certificate track  
3 = 4 Year College  
4 = Long Term Occupational Skill Training  
Blank = Not Enrolled in post-secondary education or training

MM/DD/YYYY

**VALID VALUES**

1 = Yes  
2 = No

1 = Yes  
2 = No

1 = Community College, AA degree track  
2 = Community College, Certificate track  
3 = 4 Year College  
4 = Long Term Occupational Skill Training  
Blank = Not Enrolled in post-secondary education or training



**VALID VALUES**

MM/DD/YYYY

1 = Yes

2 = No

VALID VALUES
<p>1 = Attained a secondary school (high school) diploma.  2 = Attained a GED or high school equivalency diploma.  3 = Attained a certificate in recognition of attainment of technical or occupational skills.  4 = Did not attain a diploma, GED, or certificate.</p>
<p>MM/DD/YYYY  Blank = did not attain diploma, GED, or certificate</p>
<p>Text  Blank = no certificate achieved</p>

**VALID VALUES**

1 = Attained a secondary school (high school) diploma.  
2 = Attained a GED or high school equivalency diploma.  
3 = Attained a certificate in recognition of attainment of technical or occupational skills.  
4 = Did not attain a diploma, GED, or certificate

MM/DD/YYYY  
Blank = did not attain diploma, GED, or certificate

Text  
Blank = no certificate achieved

VALID VALUES
1 = ABE 2 = ESL
1 = TABE 7-8, 9-10 2 = CASAS 3 = ABLE 4 = WorkKeys 5 = SPL 6 = BEST 7 = BEST Plus 8 = Other Approved Assessment Tool
1 = Reading 2 = Writing 3 = Language 4 = Mathematics 5 = Speaking 6 = Oral 7 = Other Literacy Functional Area 8 = Other Numeracy Functional Area
YYYYMMDD

VALID VALUES
000
1 = Beginning ABE/ESL Literacy 2 = Beginning ABE/ESL Basic Education 3 = Low Intermediate ABE/ESL Education 4 = High Intermediate ABE/ESL Education 5 = Low Adult Secondary Education/Advanced ESL 6 = High Adult Secondary Education/Advanced ESL
YYYYMMDD
000

### VALID VALUES

1 = Beginning ESL Literacy

2 = Low Beginning ESL Basic  
Education

3 = Beginning ABE Literacy/High  
Beginning ESL Literacy

4 = ABE: Beginning Basic  
Education or ESL: Low Intermediate  
ESL

5 = ABE: Low Intermediate Basic  
Education or ESL: High Intermediate  
ESL

6 = ABE: High Intermediate Basic  
Education or Advanced ESL

7 = ABE: Low Adult  
Secondary Education or ESL: Exit  
ESL

8 = ABE: High Adult  
Secondary Education (Not Basic  
Skills Deficient)

**VALID VALUES**

YYYYMMDD

000

**VALID VALUES**

- 1 = Beginning ABE/ESL Literacy
- 2 = Beginning ABE/ESL Basic Education
- 3 = Low Intermediate ABE/ESL Education
- 4 = High Intermediate ABE/ESL Education
- 5 = Low Adult Secondary Education/Advanced ESL
- 6 = High Adult Secondary Education/Advanced ESL

YYYYMMDD



**VALID VALUES**

000

- 1 = Beginning ABE/ESL Literacy
- 2 = Beginning ABE/ESL Basic Education
- 3 = Low Intermediate ABE/ESL Education
- 4 = High Intermediate ABE/ESL Education
- 5 = Low Adult Secondary Education/Advanced ESL
- 6 = High Adult Secondary Education/Advanced ESL

**VALID VALUES**

ired to respond to this collection of  
rage 16 hours per quarterly report per  
Respondent's obligation to reply is  
essment. Send comments regarding  
or, Employment and Training  
-0464).