

Schedule D: Refugee Support Services (RSS) Set-Asides

(report on a separate form for each set-aside)

ORR-6
OMB Control No. 0970-0036
Expires xx-xx-xxxx

1. Program Name:			
2. Reporting Period:		3. Fiscal Year:	
4. State/Grantee:		5. Date:	

A. Type of the Participant	M	F	Total Year-To-Date Unduplicated
1. Eligible Refugee Students (RSI)			0
2. Eligible Refugee Parents (RSI)			0
3. Eligible Older Refugees (SOR)			0
4. Other (provide type of client)			0
5. TOTAL			0

B. Primary Contracted Service Provider	M	F	Total Year-To-Date Unduplicated
1. School (Grade K-5)			0
2. School (Grade 6-8)			0
3. School (Grade 9-12)			0
4. Resettlement Agency			0
5. Area Agency on Aging			0
6. Other Local Agency (provide type/name of agency)			0
7. Other Local Agency (provide type/name of agency)			0
8. Other Local Agency (provide type/name of agency)			0
9. TOTAL			0

C. Completions by Type	M	F	Total Year-To-Date Unduplicated
1. Parent/Student Orientation (RSI)			0
2. Grade Promotion (RSI)			0
3. SSI (SOR)			0
4. Citizenship (SOR)			0
6. Other completion (provide type)			0
7. Other completion (provide type)			0
8. Other completion (provide type)			0
9. TOTAL UNDUPLICATED			0

D. TRENDS
1. Analyze and reflect on the data reported in sections A-C. Report overall observations in data trends and explain anomalies in data.