

**ROUNDS 2, 3 and 4 TAACCCT Data Elements for Individual-Level Participant Data Collection**

| No.  | DATA ELEMENT NAME         | DATA ELEMENT DEFINITIONS/INSTRUCTIONS   | VALID VALUES   | EDITS |
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| <b>PARTICIPANT SUMMARY INFORMATION (INFORMATION SHOULD BE COLLECTED FROM ALL PARTICIPANTS)</b> |                           |   |  |       |
| 1  | Name                      | Record the individual's first name, last name, and middle initial (optional)  | Text box   |       |
| 2  | Date of Birth             | Record the individual's date of birth.  | MM/DD/YYYY   |       |
| 3  | Gender                    | Indicate the participant's gender by selecting <b>Male</b> or <b>Female</b> .<br><br>Leave blank if the individual does not wish to disclose his/her gender.  | 1 = Male<br>2 = Female<br>Blank = no self-disclosure   |       |
| 4  | Race                      | Indicate the participant's race by selecting <b>American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, or more than one race</b> .<br><br>Leave blank if the individual does not wish to disclose his/her race. | 1 = American Indian or Alaskan Native<br>2 = Asian<br>3 = Black or African American<br>4 = Hawaiian Native or Pacific Islander<br>5 = White<br>6 = More Than One Race<br>Blank= no self-disclosure |       |
| 5  | Hispanic/Latino Ethnicity | Select <b>yes</b> or <b>no</b> .<br><br>Leave blank if the individual does not wish to disclose his/her ethnicity.  | 1 = Yes<br>2 = No<br>Blank = no self-disclosure  |       |
| 6  | School Status             | Select <b>full-time</b> or <b>part-time</b> .<br><br>Leave blank if the individual is neither a full-time or a part-time student (e.g., non-credit enrollments, etc.).  | 1 = Full-time<br>2 = Part-time<br>Blank = other  |       |
| 7  | Incumbent Worker Status   | Select <b>yes</b> or <b>no</b> .<br><br>Leave blank if the individual does not wish to disclose his/her employment status.  | 1 = Yes<br>2 = No<br>Blank = no self-disclosure  |       |

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| 8 | Eligible Veteran Status | <p>Select yes, &lt;= 180 days 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.</p> <p>Select yes, eligible veteran if the individual served on active duty for a period of more than 180 days and was discharged or released with other than a 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 is authorized and was discharged or released from such duty with other than a dishonorable discharge.</p> <p>Select yes, other eligible person 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 for assistance under this part, is listed, pursuant to 38 U.S.C 101 and the regulations issued thereunder, 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.</p> <p>Select no if the individual does not meet any one of the conditions described above.</p> | <p>1 = Yes, &lt;= 180 days<br/> 2 = Yes, Eligible Veteran<br/> 3 = Yes, Other Eligible Person<br/> 4 = No</p> |  |
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| 9  | Individual with a Disability                 | Select yes 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.)<br><br>Select no if the individual indicates that he/she does not have a disability that meets the definition.<br><br>Leave blank if the individual does not wish to self-identify. | 1 = Yes<br>2 = No<br>Blank = no self-disclosure                              |  |
| 10 | Pell-grant eligible                          | Select <b>yes</b> or <b>no</b> .<br><br>Leave blank if the individual is not pursuing financial aid or does not wish to disclose his/her eligibility for Pell grants.   | 1 = Yes<br>2 = No<br>Blank = no self-disclosure                              |  |
| 11 | TAA eligible                                 | Select <b>yes</b> or <b>no</b> .  | 1 = Yes<br>2 = No  |  |
| 12 | Other Demographic Measure                    | Optional - Determined by grantee (e.g., basic skills deficiency)<br><br>Leave blank if the participant does not wish to disclose or if no additional demographic measures are collected.  | 1 = Yes<br>2 = No<br>Blank = no self-disclosure                              |  |
| 13 | Date of Enrollment                           | Record the date the individual enrolled.  | MM/DD/YYYY   |  |
| 14 | Date of Program Completion                   | Record the date the individual completed a grant-funded credential program.   | MM/DD/YYYY   |  |
| 15 | Continued Enrollment in Grant-Funded Program | Record <b>Yes</b> or <b>No</b> if the individual is still enrolled in the original or a new grant-funded program.<br><br>Leave blank if the individual has completed a grant-funded program.  | 1 = Yes<br>2 = No<br>Blank = not eligible to be counted in this field        | An individual's status in this field may change over time if he or she completes a program. Once a grant-funded program is completed, an individual should not be counted in this field. |
| 16 | Continued Enrollment in Other Education      | Record <b>Yes</b> or <b>No</b> if the individual is still enrolled in other (non-grant-funded) education programs.<br><br>Leave blank if the individual has completed a grant-funded program.   | 1 = Yes<br>2 = No<br>Blank = not eligible to be counted in this field        | If a grant-funded program is completed, an individual should not be counted in this field.   |
| 17 | Number of Credit Hours Completed             | Record the number of credit hours completed during each reporting year.   | Numerical field - max three digits   |  |
| 18 | Total Number of Earned Credentials           | Record the number of credentials earned during each reporting year.   | Numerical field - max three digits   |  |
| 19 | Earned Certificate in Less Than One Year     | Record <b>Yes</b> or <b>No</b> if the individual earned a certificate in less than one year.  | 1 = Yes<br>2 = No  |  |
| 20 | Earned Certificate in More Than One Year     | Record <b>Yes</b> or <b>No</b> if the individual earned a certificate in more than one year.  | 1 = Yes<br>2 = No  |  |
| 21 | Earned Degree                                | Record <b>Yes</b> or <b>No</b> if the individual earned a degree.   | 1 = Yes<br>2 = No  |  |
| 22 | Entered Another Education Program            | Record <b>Yes</b> or <b>No</b> if the individual entered another educational program or enrolled in further education after completing a grant-funded program.<br><br>Leave blank if the individual has not completed a grant-funded program.   | 1 = Yes<br>2 = No<br>Blank = not eligible to be counted in this field        | If a grant-funded program is not completed, an individual should not be counted in this field.   |
| 23 | Date of Placement Into Employment.           | Record the date the individual was placed into employment.<br><br>Leave blank if the individual did not complete a grant-funded program or did not enter employment.  | MM/DD/YYYY<br>Blank = not eligible to be counted or did not enter employment |  |

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| 24 | Entered Employment                  | Record <b>Yes</b> or <b>No</b> if the individual entered employment in the quarter after completing a grant-funded program.<br><br>Leave blank if the individual has not completed a grant-funded program.                 | 1 = Yes<br>2 = No<br>Blank = not eligible to be counted in this field | If a grant-funded program is not completed, an individual should not be counted in this field.              |
| 25 | Retained in Employment              | Record <b>Yes</b> or <b>No</b> if the individual retained employment in both the first and second quarters after entering employment.<br><br>Leave blank if the individual has not entered employment.                     | 1 = Yes<br>2 = No<br>Blank = not eligible to be counted in this field | If an individual is not placed into employment, he or she should not be counted in this field.              |
| 26 | Wage Increase for Incumbent Workers | Record <b>Yes</b> or <b>No</b> if the individual was an incumbent worker at enrollment and received a wage increase at any time after becoming enrolled.<br><br>Leave blank if the individual was not an incumbent worker. | 1 = Yes<br>2 = No<br>Blank = not eligible to be counted in this field | If an individual is not an incumbent worker upon enrollment, he or she should not be counted in this field. |