



## Contact Information

Program Name: \_\_\_\_\_  
Program Address: \_\_\_\_\_  
Program Phone Number: \_\_\_\_\_  
Program Email Address: \_\_\_\_\_  
Program Website: \_\_\_\_\_  
Primary Contact Name: \_\_\_\_\_  
Primary Contact Phone Number: \_\_\_\_\_  
Primary Contact Email Address: \_\_\_\_\_  
Secondary Contact Name: \_\_\_\_\_  
Secondary Contact Phone Number: \_\_\_\_\_  
Secondary Contact Email Address: \_\_\_\_\_

## Program Information

1. Does your program currently provide preparatory or remedial training for an apprenticeship program?  
 Yes  
 No

If yes, does your pre-apprenticeship program have an articulation agreement with an apprenticeship program?

If yes, do your pre-apprenticeship program completers get direct entry and/or automatic placement into an apprenticeship program?

Please list the program(s)

- RAP Program Name: \_\_\_\_\_
- Program Address: \_\_\_\_\_
- Program Phone Number: \_\_\_\_\_
- Program Email Address: \_\_\_\_\_
- Program Website: \_\_\_\_\_
- Primary Contact Name: \_\_\_\_\_
- Primary Contact Phone Number: \_\_\_\_\_
- Primary Contact Email Address: \_\_\_\_\_

2. What is/are the source/s of your financial support?
- Workforce Innovation and Opportunity Act (WIOA)
  - Federal training program other than WIOA
  - State and/or Local Government (grant or contract)
  - Foundation
  - Fee for service
  - Other

If other, what is the other source?

\_\_\_\_\_

3. Who is the training provider for your program? If the training provider and the operator of the pre-apprenticeship program are the same, select the category below that best describes the operator of the pre-apprenticeship program:
- Community college
  - High school
  - On-line learning program
  - Company
  - Community-based organization
  - Other

4. Please list the contact information for the training provider

- Training Provider Name: \_\_\_\_\_
- Program Address: \_\_\_\_\_
- Program Phone Number: \_\_\_\_\_
- Program Email Address: \_\_\_\_\_
- Program Website: \_\_\_\_\_
- Primary Contact Name: \_\_\_\_\_
- Primary Contact Phone Number: \_\_\_\_\_
- Primary Contact Email Address: \_\_\_\_\_

5. Does your program charge for the pre-apprenticeship training?

- Yes
- No

6. If yes, please state how much you charge for the pre-apprenticeship training.

\_\_\_\_\_

7. How many pre-apprenticeship clients do you serve annually? \_\_\_\_\_

8. What percentage of your pre-apprenticeship clients complete the program?

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

- Women
- Men
- Minorities
- Out-of-School Youth (16 to 24 year olds)

- High School Students
- People with Disabilities
- Ex-Offenders
- Veterans
- Other

10. What is the average age of the target demographic for your program?

- 16-24
- 25-35
- 35+

11. During each of the last five years, how many individuals has your pre-apprenticeship program placed into apprenticeships on average, each year?

12. How many pre-apprentices were placed into apprenticeship during the last twelve months?  
\_\_\_\_\_.

13. What is the overall percentage of total pre-apprenticeship completers that are placed into apprenticeship programs?

14. Does your program have entry requirements? If so, please list them: \_\_\_\_\_

## Program Curriculum

15. Can individuals who successfully complete the pre-apprenticeship program receive advance credit for skills already acquired after they enter an apprenticeship program?

- Yes
- No

16. Has your training and/or curriculum been reviewed or approved by an apprenticeship program sponsor or provider?

- Yes
- No

17. Do you have a training curriculum?

- Yes
- No

If yes, will the Office of Apprenticeship (OA) be able to obtain a copy, if requested?  
\_\_\_\_\_

18. Does your training lead to a certificate, credential or aid in the preparation for a credentialing/licensing exam?

- Yes
- No

If yes, please identify the certificate or credential and describe:  
\_\_\_\_\_

19. Has your program benefited from input offered by sources such as employer associations, unions, registered apprenticeship programs, industry-recognized apprenticeships or an education entity such as a high school, community college, four-year college or university, etc.?

- Yes

- No

If yes, please list those sources: \_\_\_\_\_

## Program Services

20. Does your program provide supportive services or facilitate access to appropriate support services to the participants? (for example: financial coaching, ongoing career services, childcare assistance, transportation, etc.)
- Yes
  - No

If yes, please list those supportive services: \_\_\_\_\_

21. Does your program conduct skill assessments and Adult Basic Education tests to determine eligibility of participants?
- Yes
  - No
22. Does your program have a referral protocol in place to build basic skills and conduct remedial training for participants who did not score well on an assessment?
- Yes
  - No
23. Does your program use participant readiness checklists or standards?
- Yes
  - No
24. Does your program have a case manager on staff to refer participants to support programs?
- Yes
  - No
25. Does your program have features that replicate a real work environment?
- Yes
  - No
26. Can you attest that your program's real work environment does not displace current workers?
- Yes
  - No

27. Please describe how your program replicates a real work experience. \_\_\_\_\_

28. Which industries are currently served by your program? (Select all that apply)
- Agriculture, Forestry, Fishing and Hunting
  - Construction
  - Educational Services
  - Finance and Insurance
  - Food Services
  - Health Care and Social Assistance
  - Information Technology
  - Cybersecurity

- Leisure and Hospitality
- Manufacturing
- Mining, Quarrying, and Oil and Gas Extraction
- Public Administration
- Transportation
- Utilities
- Other Industries

29. For which occupation(s) does your program currently offer training? \_\_\_\_\_  
\_\_\_\_\_

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