U.S. Department of Labor
Employment and Training Administration
Office of Apprenticeship

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?
   o   Yes
   o   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)

   o   RAP Program Name: _____
   o   Program Address: _____
   o   Program Phone Number: _____
   o   Program Email Address: _____
   o   Program Website: _____
   o   Primary Contact Name: _____
   o   Primary Contact Phone Number: _____
   o   Primary Contact Email Address: _____

2. What is/are the source/s of your financial support?
   o Workforce Innovation and Opportunity Act (WIOA)
   o Federal training program other than WIOA
   o State and/or Local Government (grant or contract)
   o Foundation
   o Fee for service
   o 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:
   o Community college
   o High school
   o On-line learning program
   o Company
   o Community-based organization
   o Other

4. Please list the contact information for the training provider

   o Training Provider Name: _____
   o Program Address: _____
   o Program Phone Number: _____
   o Program Email Address: _____
   o Program Website: _____
   o Primary Contact Name: _____
   o Primary Contact Phone Number: _____
   o Primary Contact Email Address: _____

5. Does your program charge for the pre-apprenticeship training?
   o Yes
   o 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)
   o Women
   o Men
   o Minorities
   o Out-of-School Youth (16 to 24 year olds)

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

10. What is the average age of the target demographic for your program?
    - o 16-24
    - o 25-35
    - o 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?
    - o Yes
    - o No

16. Has your training and/or curriculum been reviewed or approved by an apprenticeship program sponsor or provider?
    - o Yes
    - o No

17. Do you have a training curriculum?
    - o Yes
    - o 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?
    - o Yes
    - o 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.?
    - o Yes

o   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.)
    o   Yes
    o   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?
    o   Yes
    o   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?
    o   Yes
    o   No

23. Does your program use participant readiness checklists or standards?
    o   Yes
    o   No

24. Does your program have a case manager on staff to refer participants to support programs?
    o   Yes
    o   No

25. Does your program have features that replicate a real work environment?
    o   Yes
    o   No

26. Can you attest that your program's real work environment does not displace current workers?
    o   Yes
    o   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)
    o   Agriculture, Forestry, Fishing and Hunting
    o   Construction
    o   Educational Services
    o   Finance and Insurance
    o   Food Services
    o   Health Care and Social Assistance
    o   Information Technology
    o   Cybersecurity

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

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