

# ETA Form 9084 - Comprehensive Services Quarterly Performance Report

OMB No: 1205-0422  
Expires: 01/31/2021

A. GRANTEE IDENTIFYING INFORMATION			
1. Grantee Name:		2. Grant Number:	
3. Program/Project Name:			
4. Grantee Address:		5. Report Quarter End Date:	
City:	State:	ZIP Code:	6. Report Due Date:
Performance Items	Previous Quarter (A)	Current Quarter (B)	Cumulative 4-Qtr Period (C)
B. CUSTOMER SUMMARY INFORMATION			
1. Total Exiters		<input type="text"/>	<input type="text"/>
2. Core Services: Self-Services <u>only</u>		<input type="text"/>	<input type="text"/>
3. Total Participants Served		<input type="text"/>	<input type="text"/>
4. New Participants Served		<input type="text"/>	<input type="text"/>
<b>Gender</b>	4a. Male		<input type="text"/>
	4b. Female		<input type="text"/>
<b>School Status</b>	4c. In-School, H.S. or less		<input type="text"/>
	4d. In-School, Post H.S.		<input type="text"/>
	4e. Not Attending School; H.S. Graduate		<input type="text"/>
	4f. Not Attending School; H.S. Dropout		<input type="text"/>
<b>Other Demographic</b>	4g. Offender/Criminal Justice Barrier		<input type="text"/>
	4h. Individuals with a Disability		<input type="text"/>
	4i. Public Assistance Recipient		<input type="text"/>
	4j. Basic Skills Deficiency		<input type="text"/>
	4k. Limited English Proficient		<input type="text"/>
	4l. Eligible Veterans		<input type="text"/>
	4m. Eligible Veteran's Spouse		<input type="text"/>
	4n. Homeless		<input type="text"/>
	4o. Long-term Unemployed		<input type="text"/>
	4p. Multiple Barriers		<input type="text"/>
C. CUSTOMER SERVICES AND ACTIVITIES			
1. Core Services		<input type="text"/>	<input type="text"/>
2. Intensive Services		<input type="text"/>	<input type="text"/>
2a. Work Experience		<input type="text"/>	<input type="text"/>
3. Training Services		<input type="text"/>	<input type="text"/>
3a. CRT: Basic Skills or Literacy Activities		<input type="text"/>	<input type="text"/>
3b. CRT: Occupational Skills Training		<input type="text"/>	<input type="text"/>
3c. On-the-Job Training		<input type="text"/>	<input type="text"/>
3d. Entrepreneurial and Small Business Training		<input type="text"/>	<input type="text"/>
3e. Other Training Services		<input type="text"/>	<input type="text"/>

**D. PERFORMANCE RESULTS**

Outcome (Cumulative 4-Quarter Results Tabulated for Exit Cohort Shown)	Value	numerator	Value	numerator	Value	numerator
		denominator		denominator		denominator
1. Entered Employment Rate (xx/xx/xx to xx/xx/xx)						
2. Retention Rate (xx/xx/xx to xx/xx/xx)						
3. Average Earnings (xx/xx/xx to xx/xx/xx)						
4. Education (Credential) Measure (xx/xx/xx to xx/xx/x)						

**E. REPORT CERTIFICATION/ADDITIONAL COMMENTS**

**1. Report Comments/Narrative:**

This reporting requirement is approved under the Paperwork Reduction Act of 1995, OMB Control No. 1205-0422. Persons are not required to respond to this collection of information unless it displays a currently valid OMB number and expiration date. Public reporting burden for this collection of information, which is required for obtaining or retaining benefits (PL 105-220, Sec. 166), is estimated to average 2 hours per response, including time for reviewing instructions, searching existing data sources, gathering and reviewing the collection of information. The reason for the collection of information is general program oversight, evaluation and performance assessment. Send comments regarding this burden to the U.S. Department of Labor, Employment and Training Administration, Indian and Native Americans Program, 200 Constitution Avenue, NW, Room N4209, Washington, D.C. 20210.

<b>2. Name of Grantee Certifying Official/Title</b>	<b>3. Telephone Number:</b>	<b>4. Email Address:</b>
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