Refugee Career Pathways Performance Data Indicator Form

| Name of Grantee: | | | |
|--|----|----|----|
| Grant No: | | | |
| Reporting Period: | | | |
| No. of participants newly enrolled in the program | | | |
| No. of participants currently enrolled in the program | | | |
| No. of enrolled participants by gender | M: | F: | X: |
| Average income of enrolled participants | | | |
| No. of participants developing personlized career development plans | | | |
| No. of participants enrolling in degree and/or certification programs | | | |
| No. of participants enrolling in apprenticeship and/or on-the-job training programs | | | |
| No. of participants earning college credits | | | |
| No. of participants who obtained a new credential or recognition of an existing credential | | | |
| No. of participants who obtained a new credential or recognition of an existing credential by gender | M: | F: | X: |
| No. of participants obtaining employment in a professional/skilled career field | | | |
| No. of participants obtaining employment in a professional/skilled career field by gender | M: | F: | X: |
| No. of training hours the program provided to participants in English language programs related to preparation for a particular vocation or job-related training program: | | | |
| No. of training hours the program provided to participants in developing job readiness skills such as resume writing, interviewing, and expectations for the professional workplace: | | | |
| Average income of participants who obtained employment | | | |
| THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) | | | |

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OMB Control Number 0970-0490 Expiration Date: 1/31/2023

STATEMENT OF PUBLIC BURDEN: Through this information collection, ACF is gathering data on your grant program to understand the design and effectiveness of the program and to inform technical assistance needs. Public reporting burden for this collection of information is estimated to average 5 hours per grantee, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This collection of information is required to obtain a benefit (HHS-2018-ACF-ORR-ZM-1224). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information, please contact Ryan Foster, Office of Refugee Resettlement, by email at ryan.foster@acf.hhs.gov.