OMB Control Number: 1205-0521

Expiration Date: 06-30-2021 ETA-9173

| | | | | | Page 1 |
|-----------------------------------|-------------|----------------------|--------------------|--------|--------|
| Time Period: (choose only one) | ☐ Quarterly | ☐ Rolling 4 Quarters | ☐ Program to Date | State: | |
| REPORTING PERIOD | COVERED: | | Certified in WIPS: | | |

| | Performance Items | Basic Career Services (other than self service) | Individualized Career Services | Training Services | Total Current Period | Total Previous Period | | | |
|---|--|--|-----------------------------------|-------------------|-------------------------|--------------------------|--|--|--|
| A. SUMMARY INFORMATION | | | | | | | | | |
| 1. Total Exiters | | | | | | | | | |
| 2. Total Particip | ants Served | | | | | | | | |
| 3. Total Reporta | ble Individuals | | | | | | | | |
| B. PARTICIPANT SUMMARY AND SERVICE INFORMATION1 | | | | | | | | | |
| Sex | 1a. Male | | | | | | | | |
| , s | 1b. Female | | | | | | | | |
| | 2a. Hispanic/Latino | | | | | | | | |
| | 2b. American Indian or Alaskan Native | | | | | | | | |
| Ethnicity/Race | 2c. Asian | | | | | | | | |
| city/ | 2d. Black or African American | | | | | | | | |
| Ethni | 2e. Native Hawaiian or Other Pacific Islander | | | | | | | | |
| | 2f. White | | | | | | | | |
| | 2g. More Than One Race | | | | | | | | |
| ຽ | 3a. Eligible Veterans | | | | | | | | |
| ner raphi | 3b. Individuals with a Disability | | | | | | | | |
| Other | 3c. Incumbent Workers | | | | | | | | |
| De | 3d. Unemployed Individuals | | | | | | | | |
| | 4a. Secondary School Graduate or Equivalent | | | | | | | | |
| vel | 4b. Completed 1 or more years of Postsecondary Education | | | | | | | | |
| Education Level | 4c. Postsecondary Certification, License, or Educational Certificate (non-degree) | | | | | | | | |
| ıcatic | 4d. Associate's Degree | | | | | | | | |
| Edu | 4e. Bachelor's Degree or Equivalent | | | | | | | | |
| | 4f. Advanced Degree Beyond Bachelor's Degree | | | | | | | | |
| C. EMPLOYMEN | T BARRIER2 | | | | | | | | |
| 1. Displaced hon | nemakers | | | | | | | | |
| 2. Low-income in | ndividuals | | | | | | | | |
| 3. Older individu | ials | | | | | | | | |
| 4. Ex-offenders | | | | | | | | | |
| 5. Homeless indi | ividuals or runaway youth | | | | | | | | |
| 6. Current or for | mer foster care youth | | | | | | | | |
| 7. English langua | ge learners, individuals with low levels of literacy or facing substantial cultural barriers | | | | | | | | |
| 8. Eligible migrar | nt and seasonal farmworkers | | | | | | | | |
| 9. Exhausting TA | NF within 2 years (Part A Title IV of the Social Security Act) | | | | | | | | |
| 10. Single parent | ts (Including single pregnant women) | | | | | | | | |
| 11. Long-term ui | nemployed (27 or more consecutive weeks) | | | | | | | | |
| | | | | | | | | | |

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|--------------------|------------------------|-----------------------------------|--------------------|------------------|---|--|-----------------------------------|---|----------------------------------|-----------------------------------|--------|
| | | | | | | | | | | | Page 2 |
| | Period: only one) | ☐ Quarterly | | ☐ Rolling 4 Qua | arters | ☐ Program to D | ate | State: | | | - |
| | PERIOD COVERED: | : | - | | | | Certified in WIPS: | | | | |
| | | | | | | | 1 | | | | |
| Performance Items | | | | | | Basic Career Services (other than self service) | Individualized Career Services | Training Services | Total Current Period | Total Previous Period | |
| D. Core Indicators | | | | | | | | | | | |
| 1. Employment Ra | | | | | | | | | | | |
| 2. Employment Ra | | | | | | | | | | | |
| 3. Median Earning | | | | | | | | | | | |
| 4. Credential Rate | | | | | | | | | | | |
| 5. Measurable Ski | ill Gains ³ | | | | | | | | | | |
| Performance Items | | | | | | | | Total Covered Entrants | Percent Served Current Period | Percent Served Previous Period | |
| E. Veterans' Prior | • | | | | | | | | | | |
| 1. Covered Entrar | | | | | | | | | | | |
| | nts Who Received a | | | | | | | | | | |
| 3. Covered Entrar | nts Who Received a | Staff-Assisted Ser | vice During the En | try Period | | | | | | | |
| Common Exit Pro | grams: Please indic | cate by checking th | ie box below each | program below th | nat utilizes a comm | non exit policy with | this program in th | is state. | | | |
| Program | Wagner-Peyser | Adults, Dislocated Workers, Youth | TAA | Job Corps | National Farmworker Jobs Program (NFJP) | Indian and Native American | Reentry | Reentry Employment Opportunities (Youth) | YouthBuild | H1B | SCSEP |
| Common Exit? | | | | | | | | | | | |
| | | | | | | | | | | | |
| ADDITIONAL COM | MMENTS | | | | | | | | | | |
| | | | | | | | | | | | |

Public Burden Statement (1205-0521)

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's reply to these reporting requirements is mandatory (Workforce Innovation and Opportunity Act, Section 116). Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Office of Policy Development and Research • U.S. Department of Labor • Room N-5641 • 200 Constitution Ave., NW, • Washington, DC • 20210.

Do NOT send the completed application to this address.

¹Participant information is based on data given at the point of entry into the program.

 $^{^{2}\}mbox{Barriers}$ to Employment are determined at the point of entry into the program.

 $^{^{3}\}mbox{Credential}$ Rate and Measurable Skill Gains do not apply to the Wagner-Peyser program.