

PROGRAM COMPLETION / OUTCOMES FORM

Last Name	First Name	ETO Number
Program of Enrollment		
<input type="checkbox"/> ADULT <input type="checkbox"/> DW <input type="checkbox"/> ISY <input type="checkbox"/> OSY <input type="checkbox"/> RRIE <input type="checkbox"/> Other: _____		
Durational Service Summary (check all services provided during program enrollment and close out all services prior to, or at the time of, program completion)		
<input type="checkbox"/> ITA	<input type="checkbox"/> OJT	<input type="checkbox"/> ABE <input type="checkbox"/> CBS <input type="checkbox"/> DRS <input type="checkbox"/> WEX <input type="checkbox"/> IWT <input type="checkbox"/> Other:
Measurable Skill Gains (record in ETO any outstanding MSGs)		
<input type="checkbox"/> EFL Gain	<input type="checkbox"/> Secondary School Diploma/Equiv.	<input type="checkbox"/> Academic Credit Hours
<input type="checkbox"/> Employer Training Milestone	<input type="checkbox"/> Occupational/Industry Exam/Cert	<input type="checkbox"/> None earned <input type="checkbox"/> All previously entered
Program Completion Outcome TP Information		
Date of Program Completion:		
<input type="checkbox"/> Attending Alternative School <input type="checkbox"/> Attending Secondary School (Youth Only) <input type="checkbox"/> Cannot Locate <input type="checkbox"/> Concluded <input type="checkbox"/> Employability Enhancement <input type="checkbox"/> Entered Post-Secondary Education <input type="checkbox"/> Entered a Qualified Apprenticeship <input type="checkbox"/> Entered Advanced Training <input type="checkbox"/> Other: _____		<input type="checkbox"/> Entered Military Service <input type="checkbox"/> Self-Employment <input type="checkbox"/> Unsubsidized Employment <input type="checkbox"/> Relocated to Mandated Residential Pgm (Youth Only) <input type="checkbox"/> Transfer to Another Area <input type="checkbox"/> Miscellaneous: _____ <input type="checkbox"/> Exit Exclusion (medical treatment, deceased, incarcerated, institutionalized, called to military active duty, youth in foster care system & moved from area)
Job Placement Information (complete & enter all fields)		
Employment Start Date:		Employer Name:
Job title:	O*Net Code:	Training Related: <input type="checkbox"/> Yes <input type="checkbox"/> No
Hourly Wage: \$	Hours per Week:	Non-Traditional Employment: <input type="checkbox"/> Yes <input type="checkbox"/> No
Recognized Credential		Recognized Credential (Youth Only)
(Complete both credential tabs for YOUTH in ETO)		
<input type="checkbox"/> AA or AS Diploma/Degree <input type="checkbox"/> BA or BS Diploma/Degree <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Post Graduate Degree <input type="checkbox"/> Occupational Skills Licensure <input type="checkbox"/> Occupational Skills Certificate <input type="checkbox"/> Other Recognized Diploma, Degree, or Certificate		<input type="checkbox"/> Attained a GED or High School Diploma <input type="checkbox"/> Attained a Secondary School (High School) Diploma <input type="checkbox"/> Attained a Certificate or Other Post- Sec Degree/ Dipl. <input type="checkbox"/> Did Not Attain a Diploma, GED, Degree or Certificate
Trainer Signature: Date:		Manager Signature: Date: <input type="checkbox"/> ETO Reviewed
ETO Entered by:		Date: