

2. PERFORMANCE MEASURES

If the provider does not have the capability to provide required performance data by program of study at the time of initial eligibility evaluation, it must include:

- Aggregate data that is available for the most recent two full years:
- Written justification for the missing program of study data; and
- Description of how it will track and record program of study data necessary for re-certification.

a. Please provide three verifiable references of employers who have hired successful program completers or who have used the proposed programs to train employees (Additional sheets may be used if necessary):

| | | | |
|--------------|--------------|-----------------|--------------|
| Company Name | Contact Name | Mailing Address | Phone Number |
|--------------|--------------|-----------------|--------------|

b. What is the completion rate for this training program as defined by your institution?

c. State your definition of completion and how you derived the rate.

d. What is the unsubsidized employment rate for those who have successfully completed training?

%

e. What is the unsubsidized employment rate for those who have successfully completed training and find employment in a training related field?

%

f. What is the average hourly wage at placement for successful completers?

\$

g. What is the average number of hours per week that these successful completers work?

h. What percentage of these jobs include benefits?

%

i. If this is a new training program, describe the enrollment goals and anticipated completion outcomes.

3. CRITERIA FOR ADMISSION

a. Admission Office Phone Number

b. Is a high school diploma or G.E.D. required?

Yes No

c. Basic Skills - Indicate desired grade level:

Reading Math Language

d. Physical Abilities- Indicate any physical demand which may be necessary for this training and occupation:

Walking

Climbing

Lifting

Vision (without impairment)

Kneeling

Sitting

Repetitive hand Motion

Hearing (without impairment)

e. List any pre-screening, special requirements, or prerequisites for the program (e.g. drug test, medical exam, background check, etc.)

4. PROGRAM COST

| | |
|--|----|
| a. Tuition (\$ per hour X hours) | \$ |
| b. Registration/Screening and Admission Fees | \$ |
| c. Books | \$ |
| d. Supplies/Materials (specify on right) | \$ |
| e. Hand Tools (specify on right) | \$ |
| f. Testing/Exam Fees | \$ |
| g. Graduation Fees | \$ |
| h. Other (specify on right) | \$ |
| i. Total Cost | \$ |