ETP Performance Data Summary Sheet

Data 2017 - 2018

Submit To: smarshall@SWORWIB.org AND ksaterfield@SWORWIB.org

Reporting Period: _____
Agency: _____
Contact person: _____
Email: _____
Address: _____
Phone Number: _____

SWORWIB
The Southwest Ohio Region
WORKFORCE INVESTMENT BOARD

Today's Date: _____

Required Enclosures

1. Confirmation of WIET Approval - ATTACHED
2. Copy of Refund Policy - ATTACHED
3. Copy of Articulation Agreement for transfer of credits - ATTACHED
4. Proof of Credential Recognition - ATTACHED
5. Course Catalog - ATTACHED
6. Confirmation of your list by OMJ Cincinnati / Hamilton County - ATTACHED

The Following WIOA Funded Students Completed the Course/Training and ARE employed

Last Name	First Name	Acutual Start Date	Local Course Description (Program Name)	Total Cost of Program	Start Date of Employment	Where?	Job Title	Is Job Related to Degree or Certificate	Full Time or Part Time	Starting Wage PER HOUR

The Following WIOA Funded Students Completed the Course/Training and ARE NOT Employed

Last Name	First Name	Acutual Start Date	Local Course Description (Program Name)	Total Cost of Program						

The Following WIOA Funded Students ARE CURRENTLY Enrolled & Actively Working Toward Completion

Last Name	First Name	Acutual Start Date	Local Course Description (Program Name)	Total Cost of Program	Currently enrolled in same program? YES or NO. If NO, what Program?	Student completed what % of program				

The Following WIOA Funded Students Dropped Out

Last Name	First Name	Acutual Start Date	Drop Out Date	Local Course Description (Program Name)	Total Cost of Program	Student completed what % of program	Was OMJ Center Notified and When	Refund Issued YES or NO	Refund $	Refund Date