

MISSISSIPPI WORKFORCE INVESTMENT ACT PROGRAM OUTCOME FORM I

YOUNGER YOUTH

1. DATE OF PARTICIPATION
(MMDDYYYY)

2. LAST NAME	FIRST NAME	M.I.	3. SSN	4. ETD OR LWIA CODE/LOCATION CODE
5. REPORTING PERIOD <input type="checkbox"/> FIRST QUARTER AFTER EXIT <input type="checkbox"/> THIRD QUARTER AFTER EXIT <input type="checkbox"/> FIFTH QUARTER AFTER EXIT		6. EMPLOYED IN QUARTER AFTER EXIT <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO <input type="checkbox"/> 3 INDIVIDUAL HAS EXITED BUT EMPLOYMENT INFORMATION IS NOT YET AVAILABLE		7. O*NET CODE/JOB TITLE _____
8. SOURCE OF SUPPLEMENTAL DATA <input type="checkbox"/> 1 CASE MANAGEMENT, PARTICIPANT SURVEY AND/OR VERIFICATION WITH EMPLOYER <input type="checkbox"/> 2 RECORD SHARING AND/OR AUTOMATIC RECORD MATCHING <input type="checkbox"/> 3 FEDERAL EMP RECORDS (OPM, USPS) <input type="checkbox"/> 4 MILITARY RECORDS (DOD) <input type="checkbox"/> 5 OTHER ADMINISTRATIVE WAGE RECORDS <input type="checkbox"/> 6 UI WAGE RECORDS (IN-STATE & WRIS) <input type="checkbox"/> 7 INFORMATION NOT YET AVAILABLE		9. ENTERED TRAINING RELATED EMPLOYMENT <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO <input type="checkbox"/> 8 TRNG DID NOT IMPACT JOB SPECIFIC SKILLS <input type="checkbox"/> 9 RELATIONSHIP CANNOT BE DETERMINED	10. METHOD USED TO DETERMINE TRAINING RELATED EMPLOYMENT <input type="checkbox"/> 1 COMPARED OCCUPATIONAL CODES <input type="checkbox"/> 2 COMPARED INDUSTRY WITH OCCUPATIONAL CODES <input type="checkbox"/> 3 OTHER APPROPRIATE METHODS	11. ENTERED NON-TRADITIONAL EMPLOYMENT <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO
12. OTHER YOUTH OUTCOMES <input type="checkbox"/> 1 ATTAINED A SECONDARY SCHOOL (HIGH SCHOOL) DIPLOMA DATE _____ <input type="checkbox"/> 2 ATTAINED A GED OR HIGH SCHOOL EQUIVALENCY DIPLOMA DATE _____ <input type="checkbox"/> 3 ATTENDING SECONDARY SCHOOL AT EXIT <input type="checkbox"/> 4 DID NOT ATTAIN DIPLOMA OR EQUIVALENT/CERTIFICATE <input type="checkbox"/> 5 CERTIFICATE IN TECHNICAL OR OCCUPATIONAL SKILLS DATE _____		13. RECEIVED FOLLOW-UP SERVICES <input type="checkbox"/> 1 YES, RECEIVED 12 MONTHS OF FOLLOW UP SERVICES <input type="checkbox"/> 2 NO, DID NOT RECEIVE 12 MONTH OF FOLLOW UP SERVICES		14. YOUTH PLACEMENT INFORMATION <input type="checkbox"/> 1 ENTERED POSTSECONDARY EDUC. <input type="checkbox"/> 2 ENTERED ADVANCED TRAINING <input type="checkbox"/> 3 ENTERED MILITARY SERVICE <input type="checkbox"/> 4 ENTERED A QUALIFIED APPRENTICESHIP <input type="checkbox"/> 5 ENTERED UNSUBSIDIZED EMPLOYMENT <input type="checkbox"/> 6 DID NOT ENTER 1-5
15. YOUTH RETENTION INFORMATION <input type="checkbox"/> 1 IN POSTSECONDARY EDUC. <input type="checkbox"/> 2 IN ADVANCE TRAINING <input type="checkbox"/> 3 IN MILITARY TRAINING <input type="checkbox"/> 4 IN A QUALIFIED APPRENTICESHIP <input type="checkbox"/> 5 IN UNSUBSIDIZED EMPLOYMENT <input type="checkbox"/> 6 DID NOT ENTER 1-5		16. OTHER EXIT REASONS <input type="checkbox"/> 1 INSTITUTIONALIZED <input type="checkbox"/> 2 HEALTH/MEDICAL <input type="checkbox"/> 3 DECEASED <input type="checkbox"/> 4 FAMILY CARE <input type="checkbox"/> 6 RELOCTED TO MANDATED RESIDENTIAL PROGRAM <input type="checkbox"/> 8 RESERVIST CALLED TO ACTIVE DUTY <input type="checkbox"/> 50 EMPLOYED AT EXIT (UNSUBSIDIZED) <input type="checkbox"/> 98 RETIREMENT <input type="checkbox"/> 99 NOT A VALID SSN		COMMENTS _____

17A. INTERVIEWER'S SIGNATURE _____	B. DATE _____	C. LOCATION _____
D. KEYED BY _____	E. DATE _____	