Eligible Training Provider - Program Matrix (All fields required)
July 1, 2023

Training Provider Name:		
Training Facility Address:		
Program Title as listed in school catalog:		
Occupational Title and Code		
URL for this program		

Contact person for this program (name/title)	Name:	Title:
	Phone/Ext:	Email:

Potential Outcome/completion level (select):		
Select Type of Industry-recognized credential earned by successful completers:		

Program Prerequisites for this program	Related Information:
Drug/Alcohol screening required for enrollment or employment	Background screening required for enrollment or employment
Percentage of program available in classroom/in-person %	# of Weeks for full-time student (required):

Clock/contact hours (hrs.):	Class Frequency	Mode of delivery:	
Pell eligible program:		Percentage of program comprised of workforce-funded students: %	

A. Individuals Served		Total number of students enrolled in this program of study in the July 2021 – June 2022 reporting period (B+C+D+E)
B. Still active in this program		Continued in this training program with your educational institution during the reporting period
C. Non-completers with exclusions		Did not complete the program within the reporting period due to one of the following exclusions: Institutionalized; providing family care; receiving medical treatment that precludes participation or employment; reservist called to active duty; deceased
D. Non-completers without exclusion		All others who did not continue in or complete the program within the reporting period and did not have exclusions noted above
E. Completers		Completed the program and did not withdraw from the program of study within the reporting period
F. Attained Credential (completers only)		**Completers** who attained an industry-recognized credential during or after the program
G. Employed		**Individuals served** who found unsubsidized employment and are working for pay or profit during or after the program
H. Employed Related to Training		Of those **employed,** number who found employment related to the program of study (*this is a subset of G*)
I. Not Employed (continued education)		**Completers** who are not working due to continued training with this or any educational institution
J. Average Hourly Wage		Average Hourly Wage at Placement for your student for this program. Add hourly wages of employed divided by number employed, e.g. ($17.85+$10.34+15.05) ÷ 3 = $14.42
K. Program Completion Rate		**Completers** divided by (**Completers + Non-Completers without exclusions**) E÷ (E+D)
L. Credential Rate (for completers only)		**Attained credential** (**completers only**) divided by completers F ÷ E
M. Found employment rate (all)		**Employed** divided by (**completers + non-completers without exclusions** minus **not employed-continued education**) G ÷ (E + D minus I)
N. Found employment rate (for completers only)		**Employed** divided by **completers** G ÷ E
O. Found employment related to training rate		**Employed related to training** divided by **employed** H ÷ G

Select Line Item Category from drop down menu	1. Training Provider (tuition/uniforms/books/etc.)	2 Student (other required costs not included in program costs)
Subtotals:	0.00	0.00
TOTAL PROGRAM COST:		
Comments:		