# *Project Goals*

By using the Performance Goals template below, indicate each of your training programs planned goals. Include: enrolled in training, completed training, enrolled in post-secondary education, placed in unsubsidized employment, retained 6, and 12 months, andexperienced wage/benefit increase (as applicable).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Program Enrollment | Program Completed | Post-secondary Ed Enrollment | Credential Completion | Employed | Retained6, and 12 months |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |

# *Assessments Utilized*

Indicate what assessments will be used for your customers to achieve employment and training goals.

|  |  |
| --- | --- |
| Assessment Name | Summary of Assessment |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

# *Project Timeline*

List the major project activities in the first column. In the second column, indicate the timeliness for completion of the activities.Timeliness may be specified by the month of the project (e.g., such as month 1, month 2, etc.) or by specific dates. In the thirdcolumn, indicate the staff by name and title responsible for performing the activities, and indicate the organizational affiliation of each staff person listed. The fourth column must describe the deliverable associated with the project activity.

|  |  |  |  |
| --- | --- | --- | --- |
| Activity | Timeline | Responsible Staff/Entity | Deliverable |
|  |  |  |  |
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# *Training Program Summary*

Provide information on each training program being offered. Include the employment partners and the training providers . Complete one training program summary per program.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Category | Training Program | Enrolled | Completed | Enrolled inPostsecondary Ed. | Employed | Retained | Wage/BenefitIncrease |
|  |  |  |  |  |  |  |  |
| Duration of Training Hours/Weeks |  | Credentials Earned |  |
| Summary |  |

**Employer Partners:**

|  |  |  |
| --- | --- | --- |
| **Employer Partner Name** | **Occupation(s)** | **Skill Acquisition** |
|  |  |  |
| **Employers’ involvement in curricula development, use of instructional materials used by employer, assistances in training****activities** | **Employers hiring strategy of program completers** | **Employers’ retention strategy** |
|  |  |  |

**Training Providers:**

|  |  |  |
| --- | --- | --- |
| **Training Provider** | **Training Offered** | **Credentials Earned** |
|  |  |  |
| **Address** | **Primary Contact** | **Phone Number** |
| **Syllabus of Training Provided** |
|  |

# *Training Program Summary*

Provide information on each training program being offered. Include the employment partners and the training providers . Complete one training program summary per program.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Category | Training Program | Enrolled | Completed | Enrolled inPostsecondary Ed. | Employed | Retained | Wage/BenefitIncrease |
|  |  |  |  |  |  |  |  |
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| --- | --- | --- |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| Category | Training Program | Enrolled | Completed | Enrolled inPostsecondary Ed. | Employed | Retained | Wage/BenefitIncrease |
|  |  |  |  |  |  |  |  |
| Duration of Training Hours/Weeks |  | Credentials Earned |  |
| Summary |  |

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|  |  |  |
| --- | --- | --- |
| **Employer Partner Name** | **Occupation(s)** | **Skill Acquisition** |
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|  |  |  |

**Training Providers:**

|  |  |  |
| --- | --- | --- |
| **Training Provider** | **Training Offered** | **Credentials Earned** |
|  |  |  |
| **Address** | **Primary Contact** | **Phone Number** |
| **Syllabus of Training Provided** |
|  |