

ETA Form 9085 - Supplemental Youth Services Quarterly Performance Report

OMB No. 1205-0422
Expires: 12/31/2009

A. GRANTEE IDENTIFYING INFORMATION			
1. Grantee Name:		2. Grant Number:	
3. Program/Project Name:			
4. Grantee Address:		5. Report Quarter End Date:	
City _____	State ____	6. Report Due Date:	
Zip Code _____			

Performance Items	Previous	Current	Cumulative
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B. CUSTOMER SUMMARY INFORMATION			
1. Total Exiters			
2. Total Participants Served			
3. New Participants Served			
Gender	3a. Male		
	3b. Female		
School Status	3c. In-School, H.S. or less		
	3d. In-School, Post H.S.		
	3e. Not Attending School; H.S. Graduate		
	3f. Not Attending School; H.S. Dropout		
Other Demographics	3g. Offender/Criminal Justice Barrier		
	3h. Individuals with a Disability		
	3i. Public Assistance Recipient		
	3j. Basic Skills Deficiency		
	3k. Limited English Proficient		
	3l. Foster Care		
	3m. Homeless/Runaway Youth		

C. CUSTOMER SERVICES AND ACTIVITIES			
1. Educational Achievement Services			
2. Alternative Schooling			
3. Summer Employment Opportunities			
4. Work Experience			
5. Leadership Development Opportunities			
6. Supportive Services			
7. Adult Mentoring Services			
8. Career Guidance/Counseling Services			
9. Basic Skills or Literacy Activities			

D. PERFORMANCE RESULTS					
1. Returned to Secondary School Full-Time		<i>numerator</i>	<i>denominator</i>	<i>numerator</i>	<i>denominator</i>
2. Placed in Employment or Education		<i>numerator</i>	<i>denominator</i>	<i>numerator</i>	<i>denominator</i>
3. Attained Degree or Certificate		<i>numerator</i>	<i>denominator</i>	<i>numerator</i>	<i>denominator</i>

E. REPORT CERTIFICATION/ADDITIONAL COMMENTS			
1. Report Comments/Narrative:			
2. Name of Grantee Certifying Official/Title:	3. Telephone Number:	4. Email Address:	