

FOA - SECTOR PARTNERSHIP TRAINING
Past Performance Chart
Form 2: Complete for Each Proposed Program, if applicable



Organization Name:	Evaluation Period (3 years)	
Occupational Skills Training leading to Credential		
Program Name:		
Measure	Number	Notes
Number Started Training		
Number Still in Training as of date of application submission		
Number Completed Training		
Number Earned Industry-Recognized Credential		
Number Placed in Any Job		
Number Placed in Training-Related Employment		
Number still searching for work (not employed and within 90 days of program completion)		
Other Training (Customized, Short-Term, Work-Based, etc.)		
Program Name:		
Measure	Number	Notes
Number Started Training		
Number Still in Training as of date of application submission		
Number Successfully Completed Training		
<i>Define Successful Completion:</i>		
Number Placed in Any Job		
Number Placed in Training-Related Employment		
Number still searching for work (not employed and within 90 days of program completion)		
Other Training (Customized, Short-Term, Work-Based, etc.)		
Program #2 Name:		
Measure	Number	Notes
Number Started Training		
Number Still in Training as of date of application submission		
Number Successfully Completed Training		
<i>Define Successful Completion:</i>		
Number Placed in Any Job		
Number Placed in Training-Related Employment		
Number still searching for work (not employed and within 90 days of program completion)		