

**COUNTY OF LOS ANGELES – COMMUNITY AND SENIOR SERVICES  
WORKFORCE INVESTMENT ACT**

**2002-03 QUARTERLY PARTICIPANT REPORT**

Agency:			
Address:			
City:			
State:			
CONTRACT NO.	Adult	Dislocated Worker	
2002-2003 REPORTING PERIOD (indicate below)			
<input type="checkbox"/> 1 <sup>ST</sup> Quarter July-Sept.	<input type="checkbox"/> 2 <sup>ND</sup> Quarter Oct-Dec	<input type="checkbox"/> 3 <sup>RD</sup> Quarter Jan-Mar	<input type="checkbox"/> 4 <sup>TH</sup> Quarter Apr-June

## **Adult Program**

<b>SERVICE LEVEL</b>	<b>PLAN</b>	<b>ACTUAL</b>
Core A		
Core B		
Intensive		
Training		
<b>PERFORMANCE MEASURES</b>	<b>PLAN</b>	<b>ACTUAL</b>
Entry into unsubsidized employment		
Six months retention in unsubsidized employment		
Earnings after six months of employment		
Credential attainment (see note)		

## **Dislocated Worker Program**

<b>SERVICE LEVEL</b>	<b>PLAN</b>	<b>ACTUAL</b>
Core A		
Core B		
Intensive		
Training		
<b>PERFORMANCE MEASURES</b>	<b>PLAN</b>	<b>ACTUAL</b>
Entry into unsubsidized employment		
Six months retention in unsubsidized employment		
Earnings after six months of employment relative to earnings of job of dislocation		
Credential attainment (see note)		

*Note: Attainment of a recognized credential relating to achievement of educational skills, which may include attainment of a secondary school diploma or its recognized equivalent, or occupational skills, by participants who enter unsubsidized employment.*

Prepared by: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_