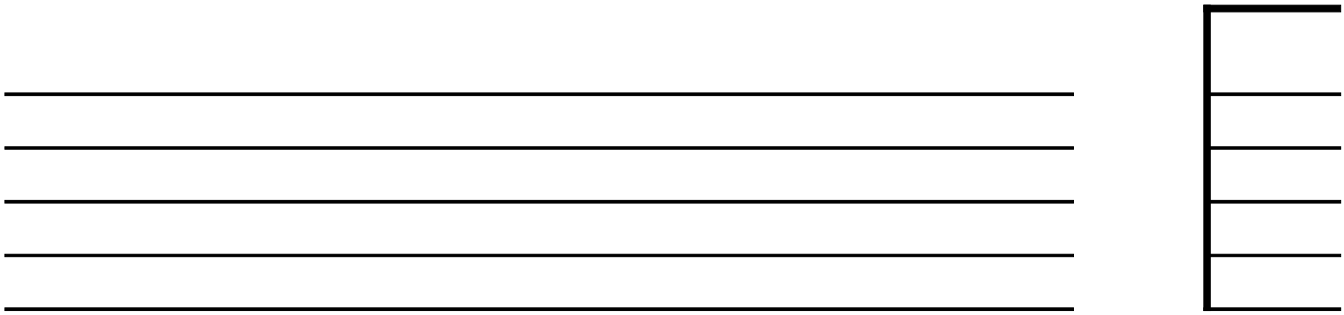
WET Fund Outcome Data Form

Please fill out this form quarterly for each Program and include the session dates. (Fill in only the applicable information.)

Grant Recipient:		**Grant #:**	
Contact Person:		**Phone #:**	
Training Provider (if different):		**Date:**	

Program Name:								
Session Dates:	**New**	**Cum.**	**New**	**Cum.**	**New**	**Cum.**	**New**	**Cum.**
Enrollments:								
Outcome Data:								
Dropout Number								
Number Completing Training								
Number of New Positions Created and Filled	**#of Pos.**	**#of Pos.**	**#of Pos.**	**#of Pos.**	**#of Pos.**	**#of Pos.**	**#of Pos.**	**#of Pos.**
Include Average Wage	**$**	**$**	**$**	**$**	**$**	**$**	**$**	**$**
Number of Vacancies filled								
Number of Promotions (for incumbent workers only)								
Number of Wage Increases	**#of Pos.**	**#of Pos.**	**#of Pos.**	**#of Pos.**	**#of Pos.**	**#of Pos.**	**#of Pos.**	**#of Pos.**
Include Average Wage	**$**	**$**	**$**	**$**	**$**	**$**	**$**	**$**
Credentials Obtained								
Licenses								
Certifications								
Other (please specify)