

# Instructions for Required Program Performance Reporting for WIOA Eligible Training Providers

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*Idaho Department of Labor*  
*Secure File Transfer Portal*

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Instructions for Uploading Participant Data to the Idaho Department of Labor  
per the Workforce Innovation and Opportunity Act

*Updated August 2020*

## Required Program Performance Reporting

All training providers with approved programs on the WIOA Eligible Training Provider List must track and report information about each program's outcomes. The Idaho Department of Labor collects the [information](#) as required by USDOL to develop an annual performance report for each training program.

Most of the information required for federal reporting is already collected in the IdahoWorks module. However, additional performance information must be provided at least once per year to the Idaho Department of Labor.

The performance measures are based on outcomes for all students enrolled in each training program.

- **Total number of individuals enrolled, exited, and completed**
- **Employment rate and average earnings for individuals two quarters after exiting the program**
- **Employment rate and average earnings for individuals four quarters after exiting the program**
- **Percent of program completers attaining third-party or related credential within one year**

The Idaho Department of Labor has developed a data reporting template to assist with calculating the performance measures. As affirmed in the Data Submission Agreement, providers will collect information on their students.

Upon receipt of the data, the Idaho Department of Labor will calculate employment outcomes based on unemployment insurance tax records. The results will be aggregated for each program and submitted to USDOL. In the future, program outcome reports with non-identifying information may be published by IDOL or USDOL.

The purpose of this data collection template is to accomplish required ETP performance reporting. Providers that wish to use unemployment insurance records to determine gainful employment or other kinds of performance outcomes should send a separate request to [WIOAETP@labor.idaho.gov](mailto:WIOAETP@labor.idaho.gov) for further instructions.

This user guide is divided into two sections. The first section provides the overall instructions for submitting the data. The second provides a detailed list and explanation of the data reporting elements collected on the reporting template.

## Section 1: Instructions for Data Submission

### 1. IdahoWorks Registration

In addition to the performance outcomes, the WIOA program reports include 118 information data points about each program of study. Most of these 118 data elements are collected in the IdahoWorks training provider portal - <https://idahoworks.gov/ada/r/training>. Registration instruction for IdahoWorks training providers are provided in the ETP Application instructions posted on the [www.labor.idaho.gov/ETP](http://www.labor.idaho.gov/ETP) website.

### 2. Template Completion

To complete the WIOA data upload and submission process, the Private Training Provider Program Template Excel file must be completed and prepared for submission to IDOL. A blank, fillable copy of the template can be found at the following web-address: <https://www.labor.idaho.gov/etp> . Please use file labeled Private Training Provider Program Template. The template includes training participants' demographic, program and award information. The template contains the necessary data elements to create the required WIOA Title IB eligible training provider performance reports. A description of all the data fields and definitions is available in Section 2 below.

### 3. Secure Email File Transfer

The Idaho Department of Labor uses an established secure file transfer protocol to send files securely between users. IDOL will initiate an email request to the individual and email provided on the Data Submission Agreement. The email request will look like this

You have received access to the Idaho Department of Labor File Share from Crystal Lowther. The link to transfer your file(s) will expire on Tuesday, August 25, 2020 10:30 AM.

<https://mft.labor.idaho.gov/?ShareToken=OECB216831DC82DF50097CFB745FB58169E45916>

For security purposes, the password to the web link will be provided in a second email directly from WIOAETP@labor.idaho.gov.

Upon entry into the system, you will see the screen shown on the next page. Upload one or more files directly from your computer

Depending on how you completed the template, you may submit all programs on a single Excel file or submit separate Excel files for each program. Please use the file naming convention below, beginning with the name of the training provider. Always use the date that the file is sent in case a file must be resubmitted at a later date.

InstitutionName\_MMYYYY

or

InstitutionName\_Welding101\_MMYYYY

Example: ABCTraining\_08162020

Example: ABCTraining\_Welding101\_08162020

### Welcome

You have temporary access to Serv-U File Sharing to upload files. Access to upload files will expire on 10/24/2019 at 10:30:39 AM. The files you upload will be made available to [Cheryl Foster](#).

### Comments from Cheryl Foster

I'm testing the functionality of the MFT to help me develop instructions for the ETPs. Could you help me with this test? Please send an excel spreadsheet titled with your name. Password will come in a separate email.

#### Select your file(s) to upload

1.
2.
3.
4.
5.

If you have any questions or need assistance with the data submission process, please contact [WIOAETP@labor.idaho.gov](mailto:WIOAETP@labor.idaho.gov) or 208-332-3570 ext. 4325.

## Section 2: Private Training Provider Program Template Instructions

### 1. Finding the template

Go to <https://www.labor.idaho.gov/etp> and download the Private Training Provider Program Template. This template is blank and ready to be filled with data.

### 2. Populating the template

For each program of study on the WIOA ETP, submit information for all students enrolled in the program from July 1, 2019 through June 30, 2020. You may report all programs on a single Excel file or separate Excel files for each program. Please review the fields needed and their definitions found below and in Table 1.

If needed, transform the institution data fields into the format specified in the template descriptions in Table 1. For example, you may need to transform Date of Birth from the DD-MM-YYYY format to the acceptable YYYYMMDD format. Be careful not to delete the headers for the fields.

All fields are mandatory unless data is unavailable or unknown. Blanks are acceptable except for the asterisked fields named below. The record will not be accepted without information in the asterisked fields. The information directly below is provided for additional clarification:

### 3. Additional clarification

**SSN\_Participant** – Social security number of program participant. Leave blank if you do not have a Social Security number for the participant. If you have concerns about sending SSNs along with the template or storing them in your records, please respond requesting an alternate method of determining performance reporting outcomes.

**Date of Birth**

**Gender**

**Race**

**Ethnicity** – Provide information in these fields if available for the student.

**\*Institution\_FEIN** – Provide the FEIN used to register in IdahoWorks or the unique ID assigned within IPEDS.

**\*Name of Program** - Name of Program as listed on the WIOA Eligible Training Provider List.

**\*Program\_CIP** – CIP code as reported on the WIOA Eligible Training Provider List.

**\*Participant\_Program\_Start\_Date** – The date the student started the training program. It does not have to be within the reporting timeframe (July 1, 2019 – June 30, 2020), as long as the student is still enrolled at some point during the program reporting timeframe.

**Participant\_Program\_Exit\_Date** – The date the participant exited the training program. This date should be within the reporting timeframe. If the student has not completed training, leave this field blank. Note: This is the date that will determine the employment outcomes (2nd quarter after exit, etc.). If the student is still enrolled in an education program, do not enter an exit date until after the student has completed their education or training.

**\*Institution Award Name** – The name of the award, if any, provided to a student by the entity/school upon completion of the training program. e.g., Certificate of completion. If nothing is provided to the student, write none. Student does not have to receive the award to populate this field.

**Date\_of\_Institution\_Award** – This date is likely the same as the exit date for students completing the program. Only provide a date if the student completed the program. This field will be used to calculate completion rate.

**3<sup>rd</sup> Party Industry\_Recognized Credential** – This is a credential provided to the student by an outside entity based on qualifications earned during the program of study. Often these credentials are awarded upon completion of an exam, e.g., Class A CDL; Microsoft Certified Solutions Associate: Windows Server 2016; Idaho Department of Health & Welfare Registry of Certified Nursing Assistants. Please spell out abbreviations.

**Date\_of\_3rdParty\_Award** – If known, provide the date the participant received the 3rd party credential. For calculating the Credential Attainment Measure, participants have up to one year after the date of exit to obtain the credential.

**Other Reason for Exit** – If known, you may provide a reason for the student not completing the program. Note: If a student formally withdrew from the program during the refund period, he or she does not need to be included in this report.

**Table 1: Private Training Provider Program Template Fields, Descriptions and Definitions**

<b>DATA ELEMENT NAME</b>	<b>Definition</b>	<b>Data Type / Field Length</b>	<b>Example1</b>	<b>Example2</b>	<b>Example3</b>
<b>SSN_Participant</b>	A participant's Social Security Number (SSN). Data is to be entered without dashes and should be zero-padded. Data should be exactly 9 digits.	IN 9	001234567	541236700	987654321
<b>Date_of_Birth</b>	yyyymmdd	DT 8	19861201	19980203	19800405
<b>Gender</b>	1 = Male 0 = Female	IN 1	0	1	0
<b>Race</b>	1 = American Indian / Alaska Native 2 = Asian 3 = Black / African American 4 = Native Hawaiian / Other Pacific Islander 5 = Caucasian 6 = Two or more	IN 1	5	3	4
<b>Ethnicity</b>	1 = Hispanic / Latino 0 = Not Hispanic / Latino	IN 1	1	0	0
<b>Institution_FEIN</b>	Federal Employer Identification Number <b>OR</b> Unique identification number assigned to postsecondary institutions surveyed through the Integrated Postsecondary Education Data System (IPEDS). Also referred to as UNITID or IPEDS ID. An institution IPEDS number may be found at <a href="http://nces.ed.gov/collegenavigator/">http://nces.ed.gov/collegenavigator/</a>	IN 10	100230	102232	104234
<b>Name of Program</b>	Name of the Program the participant is enrolled in	CHAR 80	Associate Degree Nursing Program	Commercial Driver's License Program	Nursing Assistant Program

<b>Program_CIP</b>	<p>A program of study is identified through both the type of program outlined above (e.g. industry-recognized certificate) and the field of study. The taxonomy that will be used to identify fields of study will be the Classification of Instructional Programs (CIP).</p> <p>The CIP code can be found here:  <a href="https://nces.ed.gov/ipeds/cipcode/Default.aspx?y=55">https://nces.ed.gov/ipeds/cipcode/Default.aspx?y=55</a></p> <p>This field should represent the 6-digit CIP code, without decimal points.</p> <p>A six-digit code in the form xxxxxx that identifies instructional program specialties within educational institutions. It is intended to facilitate the organization, collection, and reporting of program data using classifications that capture the majority of reportable data. The CIP is the accepted federal government statistical standard on instructional program classifications and is used in a variety of education information surveys and databases. Use Major (CIP code) 240102 for non-degree seeking participants.</p>	IN 6	513801	490205	513902
<b>Participant_Program_Start_Date</b>	<p>The date the participant started the education or training program.  Data should be entered as yyymmdd</p>	DT 8	20150824	20150907	20150810
<b>Participant_Program_Exit_Date</b>	<p>The date the participant exited the education or training program.  Data should be entered as yyymmdd</p>	DT 8	20170526	20150925	20151218
<b>Institution Award Name</b>	<p>Degree, credential or certification earned from the institution. An official recognition for the successful completion of a program of studies. Examples: Certificate of Completion, Certificate of Achievement in Health Education, Associate of Science in Nursing, Bachelor of Arts in Elementary Education</p>	CHAR 80	Associate of Science in Nursing	Certificate of Completion	Certificate of Achievement in Health Education
<b>Date_of_Institution_Award</b>	<p>Date of the institution award.  Data should be entered as YYYYMMDD or blank if no award received.</p>	DT 8	20170526		20151218



<b>Type of Institution-Awarded Credential</b>	<p>Use the appropriate code to record the type of diploma, degree, or a credential consisting of a certificate or certification, the completion of a Registered Apprenticeship, a license recognized by the State involved or Federal Government, or an associate, baccalaureate or masters' degree attained by the participant who received education or training services.</p> <p>Record 0 if the participant received education or training services, but did not attain an industry-recognized diploma, degree, license or certificate. Example: A Participant received a Certificate of Completion, which is not considered an industry-recognized credential, record 0.</p> <p>Leave blank if data element does not apply to the participant.</p> <p>1 = Secondary School Diploma/or equivalency  2 = AA or AS Diploma/Degree  3 = BA or BS Diploma/Degree  4 = Graduate/Post Graduate  5 = Occupational Licensure  6 = Occupational Certificate  7 = Occupational Certification  8 = Other Industry-Recognized Diploma, Degree, or Certificate  0 = No industry-recognized credential / Certificate of Completion</p>	IN 1	2	0	0
<b>3rd Party Industry_Recongized_Credential</b>	<p>An industry-recognized credential, such as a certificate, certification, license, or degree received from a third party outside the institution, or an additional credential needed to perform an occupation. Examples: Registered Nursing License, Commercial Driver's License, Certification for Nursing Assistants</p> <p>Leave blank if no other credential outside the institution is needed to perform the occupation.</p>	CHAR 80	Registered Nurse License	Commercial Driver's License	Nursing Assistant Certification

<b>Date_of_3rdParty_Award</b>	Date of third party industry-recognized credential award. Data should be entered as YYYYMMDD or blank if no award received.	DT 8	20170630		20160129
<b>Type of 3rd party Industry-Recognized Credential</b>	Use the appropriate code to record the type of industry-recognized diploma, degree, or a credential consisting of an industry-recognized certificate or certification, the completion of a Registered Apprenticeship, a license recognized by the State involved or Federal Government, or an associate, baccalaureate or masters' degree attained by the participant who received education or training services.  Leave blank if data element does not apply to the participant.  5 = Occupational Licensure 6 = Occupational Certificate 7 = Occupational Certification 8 = Other Industry-Recognized Diploma, Degree, or Certificate	IN 1	5	5	7
<b>Other Reasons for Exit</b>	If the participant did not receive an award and exited the program for reasons other than choosing to leave the program or transferring programs or institutions, please record one of the following:  Record 01 if the participant exits the program because he or she has become incarcerated in a correctional institution or has become a resident of an institution or facility providing 24-hour support such as a hospital or treatment center during the course of receiving services as a participant. Record 02 if the participant exits the program because of medical treatment and that treatment is expected to last longer than 90 days and precludes entry into unsubsidized employment or continued participation in the program. Record 03 if the participant is deceased. Record 04 if the participant exits the program because the participant is a member of the National Guard or other reserve military unit of the armed forces and is called to active duty for at least 90 days.	IN 2		04	

	<p>Record 05 if the participant is in the foster care system as defined in 45 CFR 1355.20(a), and exits the program because the participant has moved from the area as part of such a program or system (Youth participants only).  Record 06 if the participant, who was determined to be eligible, is later determined not to have met eligibility criteria.  Record 07 if the participant is a criminal offender in a correctional institution under WIOA sec. 225.  Record 00 if the participant meets none of the above conditions.</p> <p>01 = Institutionalized  02 = Health/Medical  03 = Deceased  04 = Reserve Forces called to Active Duty  05 = Foster Care  06 = Ineligible  07 = Criminal Offender  00 = No</p>				
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## Acronyms & Definitions

**ETP:** Eligible Training Provider

**ETP Cohort:** The cohort of individuals participating in the eligible program of training or study.

**FEIN:** Federal Employer Identification Number

**IDOL:** Idaho Department of Labor

**IdahoWorks:** Internet-based labor exchange and case management system used to collect and display information about WIOA eligible training providers to career planners and potential participants.

**IPEDS:** Integrated Postsecondary Education Data System (IPEDS) is used by the National Center for Education Statistics (NCES), a part of the Institute for Education Sciences within the United States Department of Education.

**WIOA:** Workforce Innovation & Opportunity Act

**Institution:** Entity providing the training or program of study.

**USDOL:** United States Department of Labor (federal governing body for WIOA Title I-B)