

## High School Student Certifications: Student Registration Information

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wis. Stats.] All information will be kept confidential, secure and used only to analyze enrollment patterns, ensure equal access to the program, and evaluate program effectiveness.

Enter information into YODA directly:

<https://webapps.dwd.state.wi.us/YouthApprenticeship/Login.aspx?&refresh=Y>

All sections must be completed, signed, and dated by Parent/Guardian, Student, and Project Manager/Coordinator prior to initial enrollment.

### A. Grantee Information

Grantee Name: <b>Gateway Technical College</b>		Grantee Correspondence ID #: <b>EF181HS1000- 1</b>
High School Student Certifications Project Manager Name:	Telephone:	Email:

### B. Student Information

Student First Name:	Middle Initial	Student Last Name:	
Street Address:			
City:	State: WI	Zip Code:	County:
Telephone:	Date of Birth:	Gender (Check One): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/Not Disclosed	
Race (Check One): <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other			
Parent/Guardian First Name:		Last Name:	
<b>Parent/Guardian Signature:</b>	<b>Date:</b>	<b>Student Signature:</b>	<b>Date:</b>

### C. School Information

Grade in School at Program Entry: <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Student confirmed disability per Individualized Education Plan (IEP): <input type="checkbox"/> Yes <input type="checkbox"/> No	Student At-Risk by School District Definition: <input type="checkbox"/> Yes <input type="checkbox"/> No
Expected High School Graduation Date:	Grade Point Average at Program Entry ( <b>MUST</b> be translated to a 4-point scale):	
School District Name:	High School Name:	

### D. High School Student Certifications (HSSC) Program Information

HSSC Program Start Date (for student):	Anticipated Program Completion Date for the entire workforce training program student will participate in:
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Note: Dates for obtaining certificates or completing other coursework will be required to be submitted upon completion of the training program(s).

Sections E & F: Enter each certificate to be earned in separate tables (copy and paste as many tables as needed).

### E. CTE Incentive Grants Class of 2019 Certificate Information

Class of 2019 Approved Certification List:

[http://wisconsinfastforward.com/prosperity/pupil/2019\\_cte\\_certification\\_list.pdf](http://wisconsinfastforward.com/prosperity/pupil/2019_cte_certification_list.pdf)

1. Name of certificate to be obtained from the CTE Incentive Grants Class of 2019 Approved Certification List (one per table): <b>Certified Nurse Aide (CNA)</b>		
2. Certificate Category (Check only <b>one</b> category below per certificate (a., b., c. or d.) Refer to CTE Incentive Grants Class of 2019 Approved Certification List. a. <input type="checkbox"/> State Certified Work-Based Learning Programs. <i>If State Certified Work-Based Learning program, please choose one of the following:</i> <input type="checkbox"/> DWD Youth Apprenticeship <input type="checkbox"/> DPI Co-op Skills Standard Certificate b. <input checked="" type="checkbox"/> Business & Industry Recognized Certifications c. <input type="checkbox"/> Wisconsin Technical College Certifications (Only "State-Approved" Career Pathways Certificates or "State-Approved" Embedded Technical Diplomas. This does not include locally approved certificates or diplomas). d. <input type="checkbox"/> Wisconsin Certified Pre-Apprenticeship Programs		
3. Certificate Program Career Cluster (Enter the name and number [1-16] of most applicable Career Cluster from Appendix I on page 6): 5) Health Science		
4. Training Program Start Date:	5. Date Student Obtained / Earned Certificate:	6. Student Did Not Complete Certificate Training Program (check box) <input type="checkbox"/>

1. Name of certificate to be obtained from the CTE Incentive Grants Class of 2019 Approved Certification List (one per table): <b>Emergency Medical Technician (EMT)</b>		
2. Certificate Category (Check only <b>one</b> category below per certificate (a., b., c. or d.) Refer to CTE Incentive Grants Class of 2019 Approved Certification List. a. <input type="checkbox"/> State Certified Work-Based Learning Programs. <i>If State Certified Work-Based Learning program, please choose one of the following:</i> <input type="checkbox"/> DWD Youth Apprenticeship <input type="checkbox"/> DPI Co-op Skills Standard Certificate b. <input checked="" type="checkbox"/> Business & Industry Recognized Certifications c. <input type="checkbox"/> Wisconsin Technical College Certifications (Only "State-Approved" Career Pathways Certificates or "State-Approved" Embedded Technical Diplomas. This does not include locally approved certificates or diplomas). d. <input type="checkbox"/> Wisconsin Certified Pre-Apprenticeship Programs		
3. Certificate Program Career Cluster (Enter the name and number [1-16] of most applicable Career Cluster from Appendix I on page 6): 5) Health Science		
4. Training Program Start Date:	5. Date Student Obtained / Earned Certificate:	6. Student Did Not Complete Certificate Training Program (check box) <input type="checkbox"/>

### G. Grantee Signature

High School Student Certifications Project Manager/Coordinator (Name and Position):	
Signature:	Date:

### F. Other Certificates/Programs/Coursework Information

**(Not on CTE Incentive Grants Class of 2019 Approved List, i.e. locally approved Technical College certificates, First Aid, etc.)**

1. Name of certificate, program and/or course work not on CTE Incentive Grants Class of 2019 (one per table):		
2. Program Career Cluster (Enter the name and number [1-16] of most applicable Career Cluster from Appendix I on page 6):		
3. Training Program Start Date:	4. Date Student Obtained / Earned Certificate:	5. Student Did Not Complete Certificate Training Program (check box) <input type="checkbox"/>

1. Name of certificate, program and/or course work not on CTE Incentive Grants Class of 2019 (one per table):		
2. Program Career Cluster (Enter the name and number [1-16] of most applicable Career Cluster from Appendix I on page 6):		
3. Training Program Start Date:	4. Date Student Obtained / Earned Certificate:	5. Student Did Not Complete Certificate Training Program (check box) <input type="checkbox"/>

### G. Grantee Signature

High School Student Certifications Project Manager/Coordinator (Name and Position):	
<b>Signature:</b>	<b>Date:</b>

**Part II. Student Post-Program Completion Survey**  
(Information collected upon HSC training completion)

Enter into YODA directly: <https://webapps.dwd.state.wi.us/YouthApprenticeship/Login.aspx?&refresh=Y>

Grantee Name: Gateway Technical College		Grantee ID #: EF181HS1000-1	
Student First Name:	Middle Initial	Student Last Name:	Student ID #

**A: High School Completion Status**

1. Check one:

Student has completed high school (go to Question #2).

Student did not complete high school (skip Question 2 and go to Question #3 below).

2. If student has completed high school, provide the following information:

Diploma type:	Final Grade Point Average (GPA):
<input type="checkbox"/> High School Diploma	
<input type="checkbox"/> High School Equivalency Degree (HSED)	High School Completion Date:
<input type="checkbox"/> Other high school completion credential	

3. If student did not complete high school, check all that apply:

Student moved out of area and surveyor unable to locate

Student transferred to another school

Health/personal/family issues

Student has dropped out of school

Student continued in high school (or still enrolled in high school)

Student is incarcerated

Other (describe):

**B: Employment Status**

1. Check one:

Student is employed full time

Student is employed part time

Student not employed or employment status unknown, go to Section C.

2. Check "Yes" or "No" to all of the following statements:

Yes     No    Employment is in same or related area of certificate/training program

Yes     No    Employment is with same youth program or Youth Apprenticeship employer

Yes     No    Employment is seasonal

Yes     No    Employment is an internship

Yes     No    Employment is military

Yes     No    Also entered post-secondary education or other training program

Yes     No    Also entered a Registered Apprenticeship Program

Yes     No     N/A    Health, personal, or family issue(s) impacted ability for full-time employment

<b>3. Provide the following information for the student's employer:</b>			
Employer Name:		Street Address:	
City:	County:	State:	Zip:
Employer Labor Market Sector (see Appendix II attached on page 5):			
Student Starting Wage: \$      per hour		Work Start Date:	
Position Title of Employee (student hired):			

**C: Non-Employment Status**

**1. If not employed or unable to determine unemployment, check one:**

Student did not apply for employment (*skip Question 2 and go to Question 3 below*)

Student applied for employment, but was not selected for interview (*skip Question 2 and go to Question 3 below*)

Student interviewed, but no employment offered (*answer Questions 2 and 3 below*)

Employment offered, but not accepted by student (*answer Questions 2 and 3 below*)

Employment status unknown (*skip Question 2 and go to Question 3 below*)

**2. Provide the following information for the employer mentioned above:**

Employer Name:		Street Address:	
City:	County:	State:	Zip:
Employer Labor Market Sector (see Appendix II on page 4 attached):			
Student Starting Wage: \$      per hour		Work Start Date:	
Position Title of Employee (student hired):			

**3. Check all that apply:**

Student entered post-secondary education or other training program

Student unable to find a position to apply for

Student had change in career interest or plans

Health, personal, or family issues prohibited employment

Student incarcerated

Student moved out of area, unable to locate

Other (please describe):

**D. Grantee Signature (Sign when submitting final Post-Program Completion Survey information)**

High School Student Certifications Project Manager/Coordinator (Name and Position):	
Signature:	Date:

The undersigned parties agree to enter into a High School Student Certifications Training Program authorized by Sec. 106.27(1)(g)(b) of the Wisconsin statutes for the purpose of educating the student named above in a designated industry area leading to the attainment of the above-identified credential type.

DWD is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternate format, or need it translated to another language, please call (866) 275-1165.

## Appendix I – Career Clusters

- 1) Agriculture, Food & Natural Resources
- 2) Architecture & Construction
- 3) Arts, AV Tech & Communications
- 4) Finance
- 5) Health Science
- 6) Hospitality, Lodging & Tourism
- 7) Information Technology
- 8) Manufacturing
- 9) Marketing
- 10) Science, Technology, Engineering & Math (STEM)
- 11) Transportation, Distribution & Logistics
- 12) Human Services
- 13) Education & Training
- 14) Gov't & Public Administration
- 15) Law, Public Safety, Corrections & Security
- 16) Business Management & Administration

## Appendix II - Labor Market Sectors

NAICS Code	Labor Market Sector Name
11	Agriculture, Forestry, Fishing and Hunting
21	Mining, Quarrying, and Oil and Gas Extraction
22	Utilities
23	Construction
31-33	Manufacturing
42	Wholesale Trade
44-45	Retail Trade
48-49	Transportation and Warehousing
51	Information
52	Finance and Insurance
53	Real Estate, Rental and Leasing
54	Professional, Scientific and Technical Services
56	Administrative, Support, Waste Management and Remediation Services
61	Educational Services
62	Health Care and Social Assistance
71	Arts, Entertainment, and Recreation
72	Accommodation and Food Services
81	Other Services (except Government)
99	Government