**DWD Policy 2023-18 Attachment A**

**Local Area Performance Goal Proposal Template**

**Proposed Goals for WIOA Title I Adult, Dislocated Worker, and Youth Performance Indicators**

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| --- | --- |
| Region: | Local Workforce Development Board Name: |

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| --- | --- |
| **Performance Measure** | **Proposed Goal** |
| **WIOA Title I – Adult** |  |
| Employment Rate 2nd Quarter After Exit |  |
| Employment Rate 4th Quarter After Exit |  |
| Median Earnings 2nd Quarter |  |
| Credential Attainment Rate 4th Quarter After Exit |  |
| Measurable Skill Gains |  |
| **WIOA Title I – Dislocated Worker** |  |
| Employment Rate 2nd Quarter After Exit |  |
| Employment Rate 4th Quarter After Exit |  |
| Median Earnings 2nd Quarter |  |
| Credential Attainment Rate 4th Quarter After Exit |  |
| Measurable Skill Gains |  |
| **WIOA Title I – Youth** |  |
| Education/Employment Rate 2nd Quarter After Exit |  |
| Education/Employment Rate 4th Quarter After Exit |  |
| Median Earnings 2nd Quarter |  |
| Credential Attainment Rate 4th Quarter After Exit |  |
| Measurable Skill Gains |  |

**Local Area Negotiation Team Members**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | **Title:** | **Email Address:** | **Phone Number:** |
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**Primary Contact/Team Lead designated to submit proposed levels of performance on behalf of the LWDB and CEOs.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | **Title:** | **Email Address:** | **Phone Number:** |
|  |  |  |  |

RCEO Signature

RCEO Printed Name

RCEO Date

LWDB Chair Signature

LWDB Chair Printed Name

LWDB Chair Date

**This template must be emailed to** [**policy@dwd.in.gov**](mailto:policy@dwd.in.gov) **no later than August 1st of the year of negotiations**.