Section or Tab	Field Name (Questions)	Description (Help Bubble)	Description of Options (If Multi-Picklist)	Туре	Type > Options	Picklist List*	Instructions	Required?	Conditionals	Additional Notes
Header		, <u> </u>	Header - Participant Data Page							
GranteeInformation	Grant Title		Pre	re-Populated	System Generated Participant ID		System Generated Participant ID	N/A		By default the system will pre-populate the Grant title (project name) on Grantee information tab
GranteeInformation	Grant Name		Pre Pre	re-Populated	Auto-fill		Auto-fill	N/A		Grance mornation tab
GranteeInformation	Lead Agency Applicant Name		Pre	re-Populated	System Generated Participant ID		System Generated Participant ID	N/A		Instead of Grantee ID - changed to Lead Agency Applicant Name; Populate lead agency from the system
Participant			Participant object					1		
Participant	Participant ID	This will be used as the Unique Identifier for the Participant in the system.	Pre	re-Populated	Unique ID		This will be used as the Unique Identifier for the Participant in the system. Unique ID structure: First Name + Last Name + Date of Birth EX: FirstLastMMDDYYYY	Yes	On the 'Participant' object. (Remaining fields are on the 'Participant Data' object*)	This will be used as the Unique Identifier for the Participant in the system. Unique ID structure: First Name + Last Name + Date of Birth Ex: FirstLastMMDDYYYY
Participant	First Name	Enter the legal first Name of the Participant.	Ма	1anual Input	SINGLE LINE TEXT		Please input manually	Yes	On the 'Participant' object. (Remaining fields are on the 'Participant Data' object*)	
Participant	First Name	Enter the legal last Name of the Participant	Ma	1anual Input	SINGLE LINE TEXT		Please input manually	Yes	On the 'Participant' object. (Remaining fields are on the 'Participant Data' object*)	
Participant	Date of Birth	Enter the Month, day, & year of the Participant's date of birth	Dat	ate Picker	DATE		Please input manually	Yes	On the 'Participant' object. (Remaining fields are on the 'Participant Data' object*)	
Participant	Does Participant have an SS Number?	Whether or not the participant has a Social Security Number.	Dre	rop-Down		Yes, No	Please select from drop- down options.	Yes	If Yes, then the following is required: [1] Social Security Number	
Participant	Social Security Number	Only reveals the last 4 numbers.	Ma	flanual Input	NUMBER ***-**-1234		Please input manually	Yes	Required if selected 'Yes' within the 'Does the Participant Have a Social Security Number? field	This field is required if 'Does the Participant Have a Social Security Number?' is 'Yes' Only reveal the last 4 numbers. For permissions, need a permision set to view the full SSN for specified internal users.
ParticipantInformation			Participant Information Section				1			Tusers.
ParticipantInformation	First Name	Enter the legal first Name of the Participant.	Ма	1anual Input	SINGLE LINE TEXT		Please input manually	Yes	On the 'Participant' object. (Remaining fields are on the 'Participant Data' object*)	
ParticipantInformation	Middle Name	Enter the full middle Name of the Participant	ма	Manual Input	SINGLE LINE TEXT		Please input manually	No		
ParticipantInformation	Last Name	Enter the legal last Name of the Participant	Ма	1anual Input	SINGLE LINE TEXT		Please input manually	Yes	On the 'Participant' object. (Remaining fields are on the 'Participant Data' object*)	
ParticipantInformation	Gender	The participant's gender	Dro	rop-Down		Female, Male, Nonbinary, Participant did not self-identify	Please select from drop- down options	Yes		
ParticipantInformation	Transgender / Gender Nonconforming	Whether or not the participant identifies as transgender.	Dre	rop-Down		Yes, No, Participant did not self- identify	Please select from drop- down options	Yes		
ParticipantInformation		The Participant's Sexual Orientation.	Dre	rop-Down		Heterosexual, Gay, Lesbian, Bisexual, Asexual, Queer, Other, Participant did not self-identify	Please select from drop- down options	Yes		
ParticipantInformation	Address Line 1	Enter the Participant's home address. If Participant is homeless, enter the address of the service provider or similar.	Ма	lanual Input	SINGLE LINE TEXT	Text(128)	Please input manually	Yes		
ParticipantInformation	Address Line 2	Enter the Participants additional home address details	Ma	lanual Input	SINGLE LINE TEXT	Text(128)	Please input manually	No		
ParticipantInformation	City	Enter the City in which the Participant resides.	ма	lanual Input	SINGLE LINE TEXT	Text(128)	Please input manually	Yes		
ParticipantInformation	Zip Code	Enter the Participants 5 digit Zip Code.	Ma	1anual Input	Text (5)		Please input manually	Yes		
ParticipantInformation	State	Enter the State in which the Participant resides.	Dre	rop-Down	CA	AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NI, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN TX, UT, VT, VA, WA, WV, WI, WY	Please select from drop- down options	Yes		Default value is 'CA' & user has option to change the value from the drop down selection list.

March Marc										
Security (Control of Security Control of Secur	ParticipantInformation	Select Ethnicity		Multi-Picklist		Asian, Black / African American, Hispanic / Latinx, Middle Eastern or North African, Native Hawaiian, Pacific Islander, White, Choose No		Yes		
Procession Pro	ParticipantInformation	Other Ethnicity	Participant Identifies as if the option is not on	Manual Input	SINGLE LINE TEXT		Please input manually	No		
March Marc	ParticipantInformation		that substantially limits one or more of the	Drop-Down				Yes		
Antigrantification Project Control Co	ParticipantInformation	Veteran Status	armed forces and who was discharged or released from such service under conditions	Drop-Down				Yes		Changed 'Status not known' to 'Participant did not self-identify' (in
Participanterinamental Mandamillance Participanterinamental Par	ParticipantInformation	Employment Status	program entry, (a) is currently performing any work at all as a paid employee, (b) is currently performing any work at all in his or her own business, profession, or farm, (c) is currently performing any work as an unpaid worker in an enterprise operated by a member of the family, or (d) is one who is not working, but currently has a job or business from which he or she is temporarily absent because of illness, bad weather, vacation, labor-management dispute, or personal reasons, whether or not paid by the employer for time-off, and whether or not seeking another job. (2) "Underemployed" means an individual who is working part-time but desires full-time employment, or who is working in employment not commensurate with the individual's demonstrated level of educational and/or skill achievement. (3) "Not in the labor force" refers to those who are not employed and are not actively looking for work, including those who are incarcerated). (4) "Unemployed" mans not employed but is seeking employment, makes specific effort to find a	Drop-Down				Yes		
Participant formation Processing of the process of	ParticipantInformation	Individual Income	The Participant's individual annual income.	Manual Input	Currency		Please input manually	Yes	smaller or equal to	Whole Number*
Perticipantiformation	ParticipantInformation	Household Income		Manual Input	Currency		Please input manually	Yes	mousehold meome	Whole Number*
Description of the participant of making the participant is eligible for Unemployment insurance (UI). Desputing the participant is eligible for Unemployment insurance (UI). Desputing the participant is eligible for Unemployment insurance (UI). Desputing the participant is eligible for Unemployment insurance (UI). Desputing the participant is eligible for Unemployment insurance (UI). Desputing the participant is eligible for Unemployment insurance (UI). Desputing the participant is eligible for Unemployment insurance (UI). Desputing the participant is eligible for Unemployment insurance (UI). Desputing the participant is eligible for Unemployment insurance (UI). Desputing the participant is eligible for Unemployment insurance (UI). Desputing the participant is eligible for Unemployment insurance (UI). Desputing the participant is eligible for Unemployment insurance (UI). Desputing the participant is eligible for Unemployment insurance (UI). Desputing the participant is eligible for Unemployment insurance (UI). Desputing the participant is eligible for Unemployment insurance (UI). Desputing the participant is eligible for Unemployment insurance (UI). Desputing the participant is eligible for Unemployment insurance (UI). Desputing the participant is eligible for Unemployment insurance (UI). Desputing the participant is eligible for Unemployment insurance (UI). Desputing the participant is eligible for Unemployment insurance (UI). Desputing the participant is eligible for Unemployment insurance (UI). Desputing the participant is eligible for Unemployment insurance (UI). Desputing the participant is eligible for Unemployment insurance (UI). Desputing the participant is eligible for Unemployment insurance (UI). Desputing the participant is eligible for Unemployment insurance (UI). Desputing the participant is eligible for Unemployment insurance (UI). Desputing the participant is eligible for Unemployment insurance (UI). Desputing the participant is eligible for	ParticipantInformation	Household Size	The number of tax "dependents" living in the Participant's household. Include the Participant	Manual Input	NUMBER		Please input manually	Yes		Whole Number*
Participantinformation	ParticipantInformation	Insurance (UI) Eligible	Unemployment Insurance (UI).	Drop-Down		claimant nor exhaustee,	down options.	res		Changed 'Unemployment Insurance (UI) Eligible Status' to 'Unemployment Insurance (UI) Eligibility Status' (line item 41 column F in 'Participant
or has received a notice of termination or layoff; silluption for has received a notice of termination or layoff; silluption for has received an other or substantial entities as in the community in unemployed that on unemployed as a result of general economic conditions in the community in which the individual resides or because of natural disasters, or is long term unemployed and utilizely to return to a previous industry or occupation. Participantinformation Whether or not the Participant is described and attained at program entry. Whether or not the Participant identifies as an or not the Participant identifies an or not the Participant identifies as an or not the Participant identifies as an or not the Participant identifies as an or	ParticipantInformation			Drop-Down		Yes, No		Yes		
Participant Information School or currently out-of-school down options. Participant Information Level Completed Participant Information Immigrant Whether or not the Participant identifies as an Information Immigrant Participant Informa	ParticipantInformation		or has received a notice of termination or layoff, is eligible for or has exhausted entitlement to unemployment compensation; was self-employed but now unemployed as a result of general economic conditions in the community in which the individual resides or because of natural disasters, or is long term unemployed and unlikely to return to a previous industry or	Drop-Down		Yes, No		Yes		
Participant Information Level Completed Participant Information Information Participant Information Information Participant Information Informatio	ParticipantInformation	School Status		Drop-Down				Yes		
	ParticipantInformation		The Participant's highest level of education attained at program entry.	Drop-Down	diploma or	equivalent, High school diploma o equivalent, Some postsecondary education, Postsecondary certification (non-degree), AA/AS degree, BA/BS degree, Graduate degree	r Please select from drop- down options.	res		
	ParticipantInformation	Immigrant		Drop-Down				Yes		

		<u> </u>			<u> </u>			
ParticipantInformation	Public Benefits Status	Whether or not the Participant is a recipient of any of the Public Benefit options in the list.	Multi-Picklist	Elig 2 Y (i.e	hausted TANF (i.e. CalWORKS) gibility, Exhausting TANF within Years, TANF Recipient, CalFRESH e. food stamps) Recipient, I/SSDI Recipient, Not Applicable	Select All that apply		
ParticipantInformation	Foster Care Individual	A person who has ever been in a foster care system.	Drop-Down	Yes		Please select from drop- down options.	Yes	Updated field name 9/11/2023*: Changed description from 'A person who has ever been in a <i>public</i> foster care system.' to 'A person who has ever been in a foster care system' (in 'Participant Information Codes' file)
ParticipantInformation	Homeless Individual / Runaway Youth	The Participant meets one of the conditions below: (a) Lacks a fixed, regular, and adequate nighttime residence; (b) Has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; or (c) Is under 18 years of age and absents himself or herself from home or place of legal residence without the permission of his or her family (i.e., runaway youth).	Drop-Down		ss, No, Participant did not self- entify	Please select from drop- down options.	Yes	Updated help bubble description 9/12/2023*
articipantInformation	Formerly Incarcerated/Justice- Involved	A person who either (a) has been subject to any stage of the criminal justice process for	Drop-Down		s, No, Participant did not self- entify	Please select from drop- down options.	Yes	Updated picklist options 9/11/2023*: Changed 'Status not known' to 'Participant did not self-identify' (in 'Participant Information Codes' file) Updated field name 9/12/2023*
articipantInformation	English Language Learner	A person who has limited ability in speaking, reading, writing or understanding the English language and also meets at least one of the following two conditions (a) his or her native language is a language other than English, or (b) he or she lives in a family or community environment where a language other than English is the dominant language.	Drop-Down	Yes		Please select from drop- down options.	Yes	
articipantInformation		A) a youth, who has English reading, writing, or computing skills at or below the 8th grade level on a generally accepted standardized test; or B) a youth or adult, who is unable to compute and solve problems, or read, write, or speak English at a level necessary to function on the job, in the participant's family, or in society.	Drop-Down	Yes		Please select from drop- down options.	Yes	
rticipantInformation	Single Parent	A single, separated, divorced or a widowed individual who has primary responsibility for one or more dependent children under age 18 (including single pregnant women).	Drop-Down		s, No, Participant did not self- entify	Please select from drop- down options.	Yes	
rticipantInformation		An individual who has been providing unpaid services to family members in the home and who: (A) has been dependent on the income of another family member but is no longer supported by that income; and (B) is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.	Drop-Down	Yes		Please select from drop- down options.	Yes	Updated help bubble description 9/12/2023*

ParticipantInformation	Migrant / Seasonal Farmworker Status	Seasonal farmworker is an individual who has been primarily employed in agriculture and faces multiple barriers to economic self-sufficiency. Migrant farmworker Adult is a seasonal farmworker whose labor requires regular overnight travel to a job site. MSFW Youth is a migrant farmworker or seasonal farmworker aged 14-24. Dependent Adult is an adult dependent of an individual described above. Dependent Youth is a youth dependent of the individual described above.		Drop-Down		Seasonal Farmworker Adult, Migrant Farmworker Adult, Migrant / Seasonal Farmworker Youth, Dependent Adult, Dependent Youth, No	Please select from drop- down options.	Yes		Updated help bubble description 9/12/2023*
ParticipantInformation	Desired Occupation	The Participant's stated desired occupation.		Manual Input	SINGLE LINE TEXT		Please input manually	Yes		Open single line field
ParticipantInformation	Desired Industry	The Participant's stated desired industry placement.		Manual Input	SINGLE LINE TEXT		Please input manually	Yes		Open single line field
ParticipantInformation	Enrollment Date	The date your grant program began serving the Participant.		Date Picker	DATE		Please input manually	Yes	Enrollment Date has to be equal or greater than Birth	Can be backdated*
Exit Information			Exit Information Section						Date	
ExitInformation (ParticipantInformation)	Has Participant exited the program?	Exit is defined as stopped serving the Participant.		Drop-Down		Yes, No	Please select from options.	Yes	If Yes, then the following four tabs are required: [1] Exit Date [2] Milestones [3] Credentials [4] Post Exit Outcomes	Updated field name 9/12/2023*
ExitInformation (ParticipantInformation)	Exit Date	The date your grant program stopped serving the Participant. Otherwise leave blank.		Date Picker	DATE		Please input manually	Yes	Exit Date has to be equal or greater than Enrollment Date	Can be backdated
ExitInformation (ParticipantInformation)	Which services were provided?		Training Service definition: Services provided through a structured learning process that leads to the attainment of skills/competencies needed to perform work duties through the course of the workday.	Multi-Picklist		Training Services, Career Services, Support Services	Please select from options.	Yes	If Yes, then the system will make the sections that are	Updated field name 9/12/2023* On the selection system will make the related sections required*
Milestones		I	Milestones Section				Ī	Ι		
Milestones	Skill Gain: Training Milestone	The Measurable Skill Gain Training Milestone reached. The Participant had a satisfactory or better progress report towards established milestones from an employer/training provider who is providing training (e.g., completion of onthe-job training (OJT), completion of one year of a registered apprenticeship program, etc.).		Drop-Down		Yes, No, Not Applicable	Please select from drop- down options.	Yes		
Milestones	Skill Gain: Skills Progression	The Measurable Skill Gain Skills Progressions reached. The Participant successfully completed an exam that is required for a particular occupation, or progress in attaining technical or occupational skills as evidenced by trade-related benchmarks such as knowledge-based exams.		Drop-Down		Yes, No, Not Applicable	Please select from drop- down options.	Yes		
Milestones	Stabilized Housing	Attaining a fixed, regular, and adequate nighttime residence (inverse of "homeless," see: https://nche.ed.gov/mckinney-vento-definition/).		Drop-Down		Yes, No, Not Applicable	Please select from drop- down options.	Yes	Required if selected Yes	
Milestones	Improved Health	The Participant experienced improved health. Examples include: Enrolled in/Receiving health coverage, Received medical treatment for physical issues, Resolved physical health issues, Received mental health treatment, Resolved mental health issues, Received treatment for substance use, Completed treatment program for substance use, Attended ongoing substance use treatment program, Improved self esteem, and Improved self confidence.		Drop-Down		Yes, No, Not Applicable	Please select from drop- down options.	Yes	within the Has this participant exited from the program? field	Don't need option for multiple milestones**
Milestones	Improved Personal Finances	The Participant experienced improved personal finances. Examples include: Started to pay off debt, Paid off debt, and Started to save money.		Drop-Down		Yes, No, Not Applicable	Please select from drop- down options.	Yes	-	

PostExitOutcomes			Post-Exit Outcomes Section							
PostExitOutcomes	Post-Exit Employed	Select yes or no from the drop-down menu.		Drop-Down		Yes, No	Please select from drop- down options.	Yes		
PostExitOutcomes	Holding Multiple Jobs	Whether or not the Participant is holding more than one job post-exit.		Drop-Down		Yes, No, Not employed post-exit	Please select from drop- down options.	Yes		
PostExitOutcomes	Post-Exit Employment Related to Training	Whether or not the Participant is employed postexit.		Drop-Down		Yes, No, Not employed post-exit	Please select from drop- down options.	Yes		
PostExitOutcomes	Career Advancement for Incumbent Worker	The Participant is an incumbent worker and received a promotion or career advancement.		Drop-Down		Yes, No, Not Applicable	Please select from drop- down options.	Yes		
PostExitOutcomes	Post-Exit Wages or Salary (quarterly)	Enter the dollar amount of the Participant's gross quarterly wages or salary earned from the most recent quarter of post-exit employment.		Manual Input	CURRENCY		Please input manually	Yes		
PostExitOutcomes	Occupation Description	This is the description of the Post-Exit Occupation if the Participant is employed. Enter the Participant's occupation (name of occupation) following their participation in the program.		Manual Input	TEXT (255)		Please input manually	Yes	Required if selected Yes within the Has this participant exited from the program? field	
PostExitOutcomes	Occupation (O*Net code)	This is the Post-Exit Occupation code if the Participant has a Post exit occupation. Enter the O*Net code associated with post-exit occupation. Please refer to lookup tool at https://www.onetonline.org/		Manual Input	SINGLE LINE TEXT (128)		Please input manually	Yes		O*Net code associated with post-exit occupation. Please refer to lookup tool at https://www.onetonline.org/
PostExitOutcomes	Post-Exit Industry Employed	Enter the industry the Participant entered following their participation in the program.		Manual Input	SINGLE LINE TEXT (128)		Please input manually	Yes		
PostExitOutcomes	Benefits	Whether or not the Participant is a recipient of any of the Benefits options in the list.	Benefits: Paid Sick Leave: Refers to employer providing paid sick leave of: more than 3 days per year OR accrual at rate of more than one hour per 30 hours worked.; Benefits: Paid Family Leave: Refers to whether the employer provides paid family leave in any amount; Benefits: Health Insurance: Refers to an employer-provided plan that meets the Federal Minimum Value and Affordability Standards. See these at https://www.irs.gov/affordable-care-act/employers/minimum-value-and-affordability; Benefits: Retirement Plan: Refers to whether the employer provides any retirement plan.	Multi-Picklist	(LEG)	Paid Sick Leave, Paid Family Leave Health Insurance, Retirement Plar		Yes		
PostExitOutcomes	Post-Exit DAS Registered Apprenticeship	Whether or not the Participant is enrolled in a state-registered apprenticeship program post- exit.		Drop-Down		Yes, No	Please select from drop- down options.	Yes		Not conditional on employment*
PostExitOutcomes	Post-Exit Postsecondary	Whether or not the Participant is enrolled in postsecondary education post-exit.		Drop-Down		Yes, No	Please select from drop- down options.	Yes		Not conditional on employment*
SupportiveServices	Education	postacendary codecation post care.	Supportive Services (Tab)				de iiii epiteris.			
SupportiveServices	Participant Data	This will be used as the Unique Identifier for the Participant in the system.		Pre-Populated	Lookup (Participant Data)		This will be used as the Unique Identifier for the Participant in the system.	Yes		Intent would be to use as a unique ID for 3rd parties that does not include any Personally Identifiable Information (PII). The same unique ID should be issued across different agencies with a link for internal users. Functionality wise, this 'Participant Data' field is used as a junction field within the following Custom Objects: [1] Participant (GMS_Participant_c) [2] Participant Data [GMS_Participant_Data_c) [3] TrainingServices [GMS_TrainingServices_c) [4] Career Services_c) [5] SupportiveServices_c [6MS_SupportiveServices_c) [6] Credentials (GMS_Credentials_c)
SupportiveServices	Service Provider Name	Enter the Name of the Service Provider.		Manual Input	SINGLE LINE TEXT (128)		Please input manually	Yes	Required if selected Support	
SupportiveServices	Supportive Service Name	Enter the Name of the Supportive Service.		Manual Input	SINGLE LINE TEXT (128)		Please input manually	Yes	Services within the What type(s) of Service(s) were	
SupportiveServices	Service Start Date Supportive Service	Enter the Start Date of the Service. Enter whether the training service is in progress,		Date Picker	DATE		Please input manually Please select from drop-	Yes	provided to this participant? Field	
SupportiveServices	Status	completed, or has been withdrawn from.		Drop-Down		Completed, In Progress, Withdrew	down options.	Yes	Service Start Date has to be equal to or greater than	
SupportiveServices	Supportive Service Type	Whether or not the Participant is a recipient of any of the Supportive Services options in the list.	care or a participant's dependents; Medical Care: Assistance provided for medical care; Supends: Cash payments provided with no specified use	Multi-Picklist		Basic Needs, Dependent Care, Education/work supplies, Housing Assistance, Medical Care, Stipends Transportation		Yes	Enrollment Date	
CareerServices			Career Services (Tab)							

CareerServices	Participant Data	This will be used as the Unique Identifier for the Participant in the system.		Pre-Populated	Lookup (Participant Data)		This will be used as the Unique Identifier for the Participant in the system.	Yes		Intent would be to use as a unique ID for 3rd parties that does not include any PII. The same unique ID should be issued across different agencies with a link for internal users. Functionality wise, this 'Participant Data' field is used as a junction field within the following Custom Objects: [1] Participant (GMS_Participant_c) [2] Participant Data (GMS_Participant_Data_c) [3] TrainingServices (GMS_TrainingServices_c) [4] Career Services (GMS_CareerServices_c) [5] SupportiveServices_c) [6] Credentials (GMS_Credentials_c)
CareerServices	Service Provider Name	Enter the name of the organization providing the service being reported on.		Manual Input	SINGLE LINE TEXT		Please input manually	Yes		
CareerServices	Career Service Name	Enter the name of the career related service delivered.		Manual Input	SINGLE LINE TEXT		Please input manually	Yes		
CareerServices	Service Start Date	Enter the start date for the service being delivered.		Date Picker	DATE		Please input manually	Yes	Required if selected Career Services within the What	Can be backdated*
CareerServices	Career Service Type	Whether or not the Participant is a recipient of any of the Career Services options in the list.	Career Guidance/Planning: The participant was provided with information, materials, suggestions, and/or advice to assist with occupational or career decisions; Job Search Activities: The participant was provided with job search and placement assistance which may include: career counseling, including the provision of information on in-demand industry sectors and occupations, and nontraditional employment; Referred to Employment: The participant was referred to an employer; Legal and workplace rights training: Education in legal and workplace rights; English for non-native speakers: Services, provided to a participant whose primary language is not English, which are designed to increase the English language proficiency of the participant so they can attain training and/or employment success; Literacy education: Education services to increase the participant's ability to read, write and speak in English, to obtain a secondary school diploma or its recognized equivalent; and, to transition to post-secondary education and training; Digital literacy skills education: Education in digital literacy skills; Life skills education: Education in "soft skills" which may include personal financial planning (examples: budgeting; understanding, evaluating, and comparing financial products, services, and opportunities, etc.) or other job readiness education or preparation; Internship / Work Experience: Partcipation in a (paid or unpaid) planned, structured learning experience that took place in a private, for-profit, nonprofit or public sector workplace for a limited period of time. The experience included such elements as: employability skills instruction or generic workplace skills; exposure to various aspects of an industry; progressively more complex tasks; the integration of basic academic skills into work activities, work adjustment, and other transition activities; enterperneurship; and service learning.	Multi-Picklist		Career Guidance/Planning, Digital literacy skills education, English for non-native speakers, Internship / Work Experience, Job Search Activities, Legal and workplace rights training, Life skills education, Literacy education, Math/numeracy education, Other Career Services, Referred to Employment, Not Applicable	Please select from drop-down options.	Yes	type(s) of Service(s) were provided to this participant? Field Service Start Date has to be equal to or greater than Enrollment Date	
CareerServices		Enter the type of internship or work experience in which the individual participated		Drop-Down		Summer employment / internship, Employment / internship not limited to summer months, Pre- apprenticeship programs, Job shadowing, On-the-job training, Transitional job, Other work experience	Please select from drop- down options.	Yes	Required if selected the Internship / Work Experience picklist option within the Career Service Type field	
CareerServices	Career Service Status	Enter whether the career service is in progress, completed, or has been withdrawn from.		Drop-Down		Completed, In progress, Withdrew	Please select from drop- down options.		Required if selected Career Services within the What type(s) of Service(s) were provided to this participant? field	
CareerServices		Enter the date of completion or the date the participant withdrew.		Date Picker	DATE		Please input manually	Yes	Required if selected the Completed or the Withdrew picklist options within the Career Service Status field	
CareerServices	Reason for Withdrawing from Service	Enter the details explaining the reason(s) why a participant withdrew.		Manual Input	TEXT AREA (LONG)		Please input manually	Yes	Required if selected the Withdrew picklist option within the Career Service Status field	
TrainingServices			Training Services (Tab)							

Training forwises Training for	raining Course. he Training Course. California Division of Apprenticeship Standards (DAS) Registered Apprenticeship: Enrollment in a
Training Services Training Ser	he Training Course. California Division of Apprenticeship Standards (DAS) Registered Apprenticeship: Enrollment in a
California Division of Approximation (DAS) Registered Approxim	California Division of Apprenticeship Standards (DAS) Registered Apprenticeship: Enrollment in a
Comparison Confidence for a growth authorized (pos) filtred (pos) filt	
TrainingServices Training (Description) Manual Input SINGLE LINE TEXT Please input manually Yes "nursing assistant").	Occupational Certification (journey card). To be considered a program of apprenticeship, three or instruction in the skill or craft with concurrent of on-the-job training at a worksite, and apprentice they advance. See: https://www.dir.ca.gov/das/das.html; Pre-Apprenticeship with Occupational has a documented partnership with at least one Registered Apprenticeship program. The PA's tr. by the documented Registered Apprenticeship partner(s), and prepare the individual with the sk Apprenticeship program(s). In addition, the pre-apprenticeship program provides occupational s credential, or license upon completion. Source: https://edd.ca.goo/siteassets/files/jobs_and_trait term "career and technical education" means organized educational activities that— (A) offer a cacdemic content and relevant technical knowledge and skills needed to prepare for further edu include high-skill, high-wage, or in-demand industry sectors or occupations, which shall be, at the standards adopted by a State under section 1111(b)(1) of the Elementary and Secondary Educations that a remedial course) that meet the requirements of this subparagraph; (B) include competent development of academic knowledge, higher-order reasoning and problemsolving skills, work att skills, and knowledge of all aspects of an industry, including entrepreneurship, of an individual; (C postsecondary education programs through programs of study, which may include coordination dual or concurrent enrollment program opportunities, or other credit transfer agreements that p include career exploration at the high school level or as early as the middle grades (as such term Act of 1965). Source: https://www.govinfo.gov/content/pkg/COMPS-3096/pdf/COMPS-3096.pdf to provide the technical skills necessary to perform a specific job or group of jobs. Source: https://ocenter.com/content/page/com/content/pkg/Com/content/pkg/Com/content/pkg/Com/content/pkg/Com/content/pkg/Com/content/pkg/Com/content/pkg/Com/content/pkg/com/content/pkg/com/content/pkg/com/content/pkg/com/content/c
https://www.one.	ation of training (e.g.,
TrainingServices Occupation (0*Net code associated with training occupation. Please refer to lookup tool at https://www.onetonline.org/ Enter the O*Net code associated with training occupation. Please refer to lookup tool at https://www.onetonline.org/ D*Net code associated with training occupation. Please input manually occupation. Please as not at https://www.onetonline.org/	to lookup tool at
TrainingServices Training Course Status Enter whether the training service is in progress, Withdrew completed, or has been withdrawn from. Training Course Status Enter whether the training service is in progress, Withdrew down options. Yes	
TrainingServices Training Completion / Withdraw Date the Participant withdrew from the training course. Enter the actual date of completion or the date the Participant withdrew from the training course. Date Picker DATE Please input manually Yes	
TrainingServices Reason for Withdrawing from Training Services Participant withdrew. Enter the details explaining the reason(s) why a Participant withdrew. Enter the details explaining the reason(s) why a Participant withdrew. Figure 4 Required if selected the Withdraw picklist option within the Training Course Status field (Line 56) Credentials Credentials	vironi die danning

Credentials	Participant Data	This will be used as the Unique Identifier for the Participant in the system.		Pre-Populated	Lookup (Participant Data)		This will be used as the Unique Identifier for the Participant in the system.	Yes		Intent would be to use as a unique ID for 3rd parties that does not include any PII. The same unique ID should be issued across different agencies with a link for internal users. Functionality wise, this 'Participant Dota' field is used as a junction field within the following Custom Objects: [1] Participant (GMS_Participant_c) [2] Participant Data [GMS_Participant_Data_c) [3] TrainingServices [GMS_TariningServices_c) [4] Career Services [GMS_CareerServices_c) [5] SupportiveServices_c) [6] Credentials (GMS_Credentials_c)
Credentials	received a Credential?	Enter whether or not the Participant has received a credential.		Drop-Down		Yes, No, Not Applicable	Please select from drop- down options.	Yes		
Credentials	Credential Name	Enter the Name of the credential a Participant attained.		Manual Input	SINGLE LINE TEXT (128)		Please input manually	Yes		
Credentials	Credential Type	Whether or not the Participant has attained any of the credential options in the list.	Secondary School Diploma / Equivalency: Attainment of a high school diploma or equivalency.; Post-Secondary (Academic): Certificate: Attainment of a postsecondary certificate. Example: CTE certificate; Post-Secondary (Academic): Associate: Attainment of a two-year Associate's degree. Examples: AA or AS; Post-Secondary (Academic): Bachelors: Attainment of a four-year Bachelor's degree. Examples: BA or BS; Post-Secondary (Academic): Postgraduate: Attainment of a postgraduate degree. Examples: Mat, MS, PhD; Credential: Occupational Certification from Industry or Professional Associations: A certification that is developed and offered by, or endorsed by, a nationally- or regionally@recognized industry association or organization representing a sizeable portion of the industry sector. It is offered by a non-governmental entity (e.g. professional association), is voluntary, and is intended to set professional standards for qualifications. See: https://www.dol.gov/sites/dolgov/files/ETA/advisories/TEN/2020/TEN_25-19_Attachment_1.pdf; Credential: DAS Registered Apprenticeship Occupational Certification: Upon successful completion of all required coursework, training, and on-the-job hours and DAS' review and approval of a petition from the individual's program to ensure all requirements have been fulfilled, DAS issues every graduating apprentice with an Occupational Certification. Please note that the Occupational Certification is awarded only at successful completion of a state registered apprenticeship program and marks an individual's statiamment of journey status. It is distinct from interim credentials (for instance, a certification for completion of an OSHA safety course) which may be earned during the course of the apprenticeship program. See: https://www.dir.ca.gov/t8/224.html; Credential: Government-Issued Licensure: A state- or federally-issued licensure. Examples: Cosmetology license; Licensed Vocational Nursing license. See lookup tool at Department of Consumer Affairs: https://search.dca.ca.gov/	Multi-Picklist		Secondary School Diploma / Equivalency, Post-Secondary (Academic): Certificate, Post- Secondary (Academic): Associate, Post-Secondary (Academic): Bachelors, Post-Secondary (Academic): Postgraduate, Credential: Occupational Certification from Industry or Professional Associations, Credential: DAS Registered Apprenticeship Occupational Certification, Credential: Government-Issued Licensure	Please select from drop-down options.	Yes	Required if selected Yes within the Has this participant received a Credential? Field Date Attained Credential ha to be equal to or greater than Enrollment Date	5
Credentials TOTAL # OF FIELDS:	Date Attained Recognized Credential	Enter the date the Participant obtained the credential.		Date Picker	DATE		Please input manually	Yes		[1] Potential for multiple outcomes* [2] This should be a Date Picker field*