

MCH TRAINING PROGRAM DATA FORMS

Faculty and Staff Information

List all personnel (faculty, staff, and others) contributing¹ to your training project, including those listed in the budget form and budget narrative and others that your program considers to have a central and ongoing role in the leadership training program whether they are supported or not supported by the grant.

Personnel (Do not list trainees)						
Name	Ethnicity (Hispanic or Latino, Not Hispanic or Latino, Unrecorded)	Race (American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, More than One Race, Unrecorded)	Gender (Male, Female, Transgender Man, Transgender Woman, Other (specify), Choose not to disclose/Unrecorded) ²	Discipline	Year Hired in MCH Leadership Training Program	Former MCHB Trainee? (Yes/No)
Faculty						
Staff						

¹ A 'central' role refers to those that regularly participate in on-going training activities such as acting as a preceptors; teaching core courses; and participating in other core leadership training activities that would be documented in the progress reports.

² Male: Cisgender man, describes a person who was assigned male at birth and whose gender identity is a man/male.

Female: Cisgender woman, describes a person who was assigned female at birth and whose gender identity is a woman/female.

Transgender Man/Transgender Male/Transgender Masculine: Describes a person who is transgender and whose gender identity is boy/man/male.

Transgender Woman/Transgender Female/Transgender Feminine: Describes a person who is transgender and whose gender identity is girl/woman/female.

Other (specify): A gender identity that does not fit into the above categories, such as nonbinary (a person whose gender identity falls outside of the traditional gender binary structure of girl/woman and boy/man), agender (a person who identifies as having no gender, or who does not experience gender as a primary identity component), or another identity.

Other						

Trainee Information (Long-term Trainees Only)

Definition: Long-term trainees (those with greater than or equal to 300 contact hours within the training program) benefiting from the training grant (including those who received MCH funds and those who did not).

Total Number of long-term trainees participating in the training program* _____

Name _____

Ethnicity _____

Race _____

Gender _____

Gender³ (number not percent)	Male _____	Transgender Man _____
	Female _____	Transgender Woman _____
	Other (specify) _____	Choose not to disclose/unknown _____

Address (For supported trainees ONLY)

City _____

State _____

Country _____

Discipline(s) upon Entrance to the Program _____

Degree(s) _____

Degree Program in which enrolled _____

Received financial MCH support? Yes No Amount: \$ _____

If yes.... Stipend Tuition Stipend and Tuition Other

Type: Non-Degree Seeking Undergraduate Masters

Pre-doctoral Doctoral Post-doctoral

Student Status: Part-time student Full-time student

Postdoctoral Fellows and Epidemiology Doctoral Training Program fellows, please specify: Length of time receiving support: _____

Research Topic or Title _____

*All long-term trainees participating in the program, whether receiving MCH stipend support or not.

³ Male: Cisgender man, describes a person who was assigned male at birth and whose gender identity is a man/male.
Female: Cisgender woman, describes a person who was assigned female at birth and whose gender identity is a woman/female.

Transgender Man/Transgender Male/Transgender Masculine: Describes a person who is transgender and whose gender identity is boy/man/male.

Transgender Woman/Transgender Female/Transgender Feminine: Describes a person who is transgender and whose gender identity is girl/woman/female.

Other (specify): A gender identity that does not fit into the above categories, such as nonbinary (a person whose gender identity falls outside of the traditional gender binary structure of girl/woman and boy/man), agender (a person who identifies as having no gender, or who does not experience gender as a primary identity component), or another identity.

Former Trainee Information

The following information is to be provided for each long-term trainee who completed the Training Program 2 years and 5 years prior to the current reporting year.

Definition of Former Trainee = Long-term trainees who completed a long-term (greater than or equal to 300 contact hours) MCH Training Program 2 years and 5 years ago, including those who received MCH funds and those who did not.

- Project does not have any trainees who have completed the Training Program **2 years** prior to current reporting year.
- Project does not have any trainees who have completed the Training Program **5 years** prior to current reporting year.

Name	Year Graduated	Gender ⁴	Ethnicity ⁵	Race ⁶	Degree(s) Earned with MCH support (if applicable)	Was University able to contact the trainee?	City of Residence	State of Residence	Country of Residence	Current Employment Setting ⁷	Working in Public Health organization or agency (including Title V)? (Yes/No)	Working in MCH? (Yes/No)	Working with populations that are underserved or have been marginalized ⁸ ?(Yes/No)	Met criteria for Leadership in Performance Measure Training 10? (Yes/No)	Met criteria for interdisciplinary practice in Performance Measure Training 12? (Yes/No)

⁴ Gender Pick List: Male, Female, Transgender Man, Transgender Woman, Other (specify), Choose not to disclose/unknown

⁵ Ethnicity Pick List: Hispanic or Latino, Not Hispanic or Latino, Unrecorded

⁶ Race Pick List: American Indian and Alaska Native, Asian, Black or African American, Native Hawaiian and other Pacific Islander, White, More than One Race, Unrecorded

⁷ Employment Pick List: Student; Schools or school system (includes early intervention programs, elementary, and secondary); Post-secondary setting; Government agency; Clinical health care setting (includes hospitals, health centers and clinics); Private sector; Other (specify)

⁸ Populations that are underserved or have been marginalized refer to groups of individuals at higher risk for health disparities by virtue of their race or ethnicity, socioeconomic status, geography, gender, age, disability status, or other risk factors including those associated with sex and gender.

MCH TRAINING PROGRAM TRAINEE FOLLOW-UP SURVEY

Contact / Background Information

*Name (first, middle, last): _____
Previous Name (if used while enrolled in the training program): _____
*Address: _____

City State Zip
Phone: _____
Primary Email: _____

Permanent Contact Information (someone at a different address who will know how to contact you in the future, e.g., parents)

*Name of Contact: _____
Relationship: _____
*Address: _____

City State Zip
Phone: _____

What year did you complete the MCH Training Program? _____

Degree(s) earned while participating in the MCH Training Program _____

Gender⁹: (choose one)
 Male
 Female
 Transgender Man
 Transgender Woman
 Choose not to disclose/unrecorded
Other, please specify: _____

Ethnicity: (choose one)
Hispanic is an ethnic category for people whose origins are in the Spanish-speaking countries of Latin America or who identify with a Spanish-speaking culture. Individuals who are Hispanic may be of any race.

⁹ Male: Cisgender man, describes a person who was assigned male at birth and whose gender identity is a man/male.
Female: Cisgender woman, describes a person who was assigned female at birth and whose gender identity is a woman/female.
Transgender Man/Transgender Male/Transgender Masculine: Describes a person who is transgender and whose gender identity is boy/man/male.
Transgender Woman/Transgender Female/Transgender Feminine: Describes a person who is transgender and whose gender identity is girl/woman/female.
Other (specify): A gender identity that does not fit into the above categories, such as nonbinary (a person whose gender identity falls outside of the traditional gender binary structure of girl/woman and boy/man), agender (a person who identifies as having no gender, or who does not experience gender as a primary identity component), or another identity.

- Hispanic or Latino**
- Not Hispanic or Latino**
- Prefer not to say**

Race: (choose one)

American Indian and Alaskan Native includes all individuals who identify with any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment. It includes people who identify as “American Indian” or “Alaska Native” and includes groups such as Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, and Nome Eskimo Community.

Asian includes all individuals who identify with one or more nationalities or ethnic groups originating in the Far East, Southeast Asia, or the Indian subcontinent. Examples of these groups include, but are not limited to, Chinese, Filipino, Asian Indian, Vietnamese, Korean, and Japanese. The category also includes groups such as Pakistani, Cambodian, Hmong, Thai, Bengali, Mien, etc.

Black or African American includes all individuals who identify with one or more nationalities or ethnic groups originating in any of the black racial groups of Africa. Examples of these groups include, but are not limited to, African American, Jamaican, Haitian, Nigerian, Ethiopian, and Somali. The category also includes groups such as Ghanaian, South African, Barbadian, Kenyan, Liberian, and Bahamian.

Native Hawaiian and Other Pacific Islander includes all individuals who identify with one or more nationalities or ethnic groups originating in Hawaii, Guam, Samoa, or other Pacific Islands. Examples of these groups include, but are not limited to, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, and Marshallese. The category also includes groups such as Palauan, Tahitian, Chuukese, Pohnpeian, Saipanese, Yapese, etc.

White includes all individuals who identify with one or more nationalities or ethnic groups originating in Europe, the Middle East, or North Africa. Examples of these groups include, but are not limited to, German, Irish, English, Italian, Lebanese, Egyptian, Polish, French, Iranian, Slavic, Cajun, and Chaldean.

More than One Race includes individuals who identify with more than one racial designation.

Prefer not to say is included for individuals who do not indicate their racial category.

Survey

Please answer all of the following questions as thoroughly as possible. When you have filled out the entire survey, return it to your Center/Program.

1. What best describes your current employment setting:

- Student
- Schools or school system (includes early intervention programs, elementary and secondary)
- Post-secondary setting
- Government agency
- Clinical health care setting (includes hospitals, health centers and clinics)
- Private sector
- Other: please specify: _____

2. Do you currently work in a public health organization or agency (including Title V)? Y/N

3. Does your current work focus on Maternal and Child Health (MCH) populations (i.e., women, infants and children, adolescents, young adults, and their families including fathers, and children or young adults with special health care needs?)

- yes
- no

4. Does your current work focus on populations that are underserved or have been marginalized ¹⁰

- yes
- no

5. Have you done any of the following activities since completing your training program? (check all that apply)

- a. Participated on any of the following as a group leader, initiator, key contributor or in a position of influence/authority: committees of state, national or local organizations; task forces; community boards; advocacy groups; research societies; professional societies; etc.
- b. Served in a clinical position of influence (e.g. director, senior therapist, team leader, etc.)
- c. Provided consultation or technical assistance in MCH areas
- d. Taught/mentored in my discipline or other MCH related field
- e. Conducted research or quality improvement on MCH issues
- f. Disseminated information on MCH Issues (e.g., Peer reviewed publications, key presentations, training manuals, issue briefs, best practices documents, standards of care)
- g. Served as a reviewer (e.g., for a journal, conference abstracts, grant, quality assurance process) (ac, c)
- h. Procured grant and other funding in MCH areas
- i. Conducted strategic planning or program evaluation
- j. Participated in public policy development activities (e.g., Participated in community engagement or coalition building efforts, written policy or guidelines, provided testimony, educated policymakers, etc.)
- k. None

¹⁰ Populations that are underserved or have been marginlised refers to groups of individuals at higher risk for health disparities by virtue of their race or ethnicity, socio-economic status, geography, gender, age, disability status, or other risk factors including those associated with sex and gender.

6. If you checked any of the activities above, in which of the following settings or capacities would you say these activities occurred? (*check all that apply*)

- a. Academic
- b. Clinical
- c. Public Health
- d. Public Policy & Advocacy

7. Have you done any of the following interdisciplinary activities since completing your training program? (*check all that apply*)

- a. Sought input or information from other professions or disciplines to address a need in your work
- b. Provided input or information to other professions or disciplines.
- c. Developed a shared vision, roles and responsibilities within an interdisciplinary group.
- d. Utilized that information to develop a coordinated, prioritized plan across disciplines to address a need in your work
- e. Established decision-making procedures in an interdisciplinary group.
- f. Collaborated with various disciplines across agencies/entities
- g. Advanced policies & programs that promote collaboration with other disciplines or professions
- h. None

(end of survey)

Confidentiality Statement

Thank you for agreeing to provide information that will enable your training program to track your training experience and follow up with you after the completion of your training. Your input is critical to our own improvement efforts and our compliance with Federal reporting requirements. Please know that your participation in providing information is entirely voluntary. The information you provide will only be used for monitoring and improvement of the training program. Please also be assured that we take the confidentiality of your personal information very seriously. We very much appreciate your time and assistance in helping to document outcomes of the Training Program. We look forward to learning about your academic and professional development.

Medium-Term Trainees

DEFINITION: Medium-term trainees are trainees with 40 - 299 contact hours in the current reporting year.

Medium-term Trainees with 40-149 contact hours during the past 12-month grant period

Total Number _____

Disciplines (check all that apply):

- Audiology
- Dentistry-Pediatric
- Dentistry – Other
- Education/Special Education
- Family Member/Community Member
- Genetics/Genetic Counseling
- Health Administration
- Medicine-General
- Medicine-Adolescent Medicine
- Medicine-Developmental-Behavioral Pediatrics
- Medicine-Neurodevelopmental Disabilities
- Medicine-Pediatrics
- Medicine-Pediatric Pulmonology
- Medicine – Other
- Nursing-General
- Nursing-Family/Pediatric Nurse Practitioner
- Nursing-Midwife
- Nursing – Other
- Nutrition
- Occupational Therapy
- Person with a disability or special health care need
- Physical Therapy
- Psychiatry
- Psychology
- Public Health
- Respiratory Therapy
- Social Work
- Speech-Language Pathology
- Other (Specify)

Medium-Term Trainees with 150-299 contact hours

The totals for gender, ethnicity, race and discipline must equal the total number of medium-term trainees with 150-299 contact hours

Total Number _____

Gender ¹¹	Male _____	Female _____	
<i>(number not percent)</i>	Transgender Man _____	Transgender Woman _____	
	Other (specify) _____	Choose not to disclose/unrecorded _____	
Ethnicity ¹²	Hispanic or Latino _____	Not Hispanic or Latino _____	Unrecorded _____
<i>(number not percent)</i>			
Race ¹³	American Indian or Alaska Native: _____		
<i>(number not percent)</i>	Asian: _____		
	Black or African American: _____		
	Native Hawaiian or Other Pacific Islander: _____		
	White: _____		

¹¹ **Male:** Cisgender man, describes a person who was assigned male at birth and whose gender identity is a man/male.
Female: Cisgender woman, describes a person who was assigned female at birth and whose gender identity is a woman/female.
Transgender Man/Transgender Male/Transgender Masculine: Describes a person who is transgender and whose gender identity is boy/man/male.
Transgender Woman/Transgender Female/Transgender Feminine: Describes a person who is transgender and whose gender identity is girl/woman/female.
Other (specify): A gender identity that does not fit into the above categories, such as nonbinary (a person whose gender identity falls outside of the traditional gender binary structure of girl/woman and boy/man), agender (a person who identifies as having no gender, or who does not experience gender as a primary identity component), or another identity.

¹² **Hispanic or Latino:** includes all individuals of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. People who identify as Hispanic, Latino, or Spanish may be any race.

¹³ **American Indian or Alaska Native:** includes all individuals who identify with any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment. It includes people who identify as “American Indian” or “Alaska Native” and includes groups such as Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, and Nome Eskimo Community.

Asian: includes all individuals who identify with one or more nationalities or ethnic groups originating in the Far East, Southeast Asia, or the Indian subcontinent. Examples of these groups include, but are not limited to, Chinese, Filipino, Asian Indian, Vietnamese, Korean, and Japanese. The category also includes groups such as Pakistani, Cambodian, Hmong, Thai, Bengali, Mien, etc.

Black or African American: includes all individuals who identify with one or more nationalities or ethnic groups originating in any of the black racial groups of Africa. Examples of these groups include, but are not limited to, African American, Jamaican, Haitian, Nigerian, Ethiopian, and Somali. The category also includes groups such as Ghanaian, South African, Barbadian, Kenyan, Liberian, and Bahamian.

Native Hawaiian and Pacific Islander: includes all individuals who identify with one or more nationalities or ethnic groups originating in Hawaii, Guam, Samoa, or other Pacific Islands. Examples of these groups include, but are not limited to, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, and Marshallese. The category also includes groups such as Palauan, Tahitian, Chuukese, Pohnpeian, Saipanese, Yapese, etc.

White: includes all individuals who identify with one or more nationalities or ethnic groups originating in Europe, the Middle East, or North Africa. Examples of these groups include, but are not limited to, German, Irish, English, Italian, Lebanese, Egyptian, Polish, French, Iranian, Slavic, Cajun, and Chaldean.

More than one Race: includes individuals who identify with more than one race.

More than One Race: _____
Unrecorded: _____

Discipline

Number

- _____ Discipline
- _____ Audiology
- _____ Dentistry-Pediatric
- _____ Dentistry – Other
- _____ Education/Special Education
- _____ Family Member/Community Member
- _____ Genetics/Genetic Counseling
- _____ Health Administration
- _____ Medicine-General
- _____ Medicine-Adolescent Medicine
- _____ Medicine-Developmental-Behavioral Pediatrics
- _____ Medicine-Neurodevelopmental Disabilities
- _____ Medicine-Pediatrics
- _____ Medicine-Pediatric Pulmonology
- _____ Medicine – Other
- _____ Nursing-General
- _____ Nursing-Family/Pediatric Nurse Practitioner
- _____ Nursing-Midwife
- _____ Nursing – Other
- _____ Nutrition
- _____ Occupational Therapy
- _____ Person with a disability or special health care need
- _____ Physical Therapy
- _____ Psychiatry
- _____ Psychology
- _____ Public Health
- _____ Respiratory Therapy
- _____ Social Work
- _____ Speech-Language Pathology
- _____ Other (Specify) _____

TOTAL Number of Medium-term Trainees: _____

Short-Term Trainees

DEFINITION: Short-term trainees are trainees with less than 40 contact hours in the current reporting year.
(Continuing Education participants are not counted in this category)

Total number of short term trainees during the past 12-month grant period _____

Indicate disciplines (check all that apply)

- Audiology
- Dentistry-Pediatric
- Dentistry – Other
- Education/Special Education
- Family Member/Community Member
- Genetics/Genetic Counseling
- Health Administration
- Medicine-General
- Medicine-Adolescent Medicine
- Medicine-Developmental-Behavioral Pediatrics
- Medicine-Neurodevelopmental Disabilities
- Medicine-Pediatrics
- Medicine-Pediatric Pulmonology
- Medicine – Other
- Nursing-General
- Nursing-Family/Pediatric Nurse Practitioner
- Nursing-Midwife
- Nursing – Other
- Nutrition
- Occupational Therapy
- Person with a disability or special health care need
- Physical Therapy
- Psychiatry
- Psychology
- Public Health
- Respiratory Therapy
- Social Work
- Speech-Language Pathology
- Other (Specify)

Continuing Education Form

Continuing Education is defined as continuing education programs or trainings that serve to enhance the knowledge and/or maintain the credentials and licensure of professional providers. Training may also serve to enhance the knowledge base of community outreach workers, families, and other members who directly serve the community. Additional details about CE activities will be collected in the annual progress report.

NOTE: Short-term trainees are **not** considered CE participants.

A. Provide information related to the total number of CE activities provided through your training program last year.

Total Number of CE Participants _____
Total Number of CE Sessions/ Activities _____

Number of CE Sessions/Activities by Primary Target Audience

Number of **Within Your State** CE Activities _____
Number of CE Activities **With Another State** _____
Number of **Regional** CE Activities _____
Number of **National** CE Activities _____
Number of **International** CE Activities _____

Number of CE Sessions/Activities for which Credits are Provided _____

B. Topics Covered in CE Activities *Check all that apply*

- | | |
|---|---|
| A. Clinical Care-Related (including medical home) | • Women’s Reproductive/ Perinatal Health |
| B. Diversity or Cultural Responsiveness-Related | • Early Childhood Health/ Development (birth to school age) |
| C. Data, Research, Evaluation Methods (Knowledge Translation) | • School Age Children |
| D. Family Involvement | • Adolescent Health |
| E. Interdisciplinary Teaming | • CSHCN/ Developmental Disabilities |
| F. Healthcare Workforce Leadership | • Autism |
| G. Policy | • Emergency Preparedness |
| H. Prevention | • Health Information Technology |
| I. Systems Development/ Improvement | • Mental Health |
| | • Nutrition |
| | • Oral Health |
| | • Patient Safety |
| | • Respiratory Health |
| | • Health Equity |
| | • Health care financing |
| | • Other (specify) _____ |

MCH LEAP PROGRAM GRADUATE FOLLOW-UP QUESTIONS

Please answer all of the following questions as thoroughly as possible. When you have filled out the entire survey, return it to your LEAP Program Director.

What year did you graduate from the MCH LEAP Program? _____

- 1. Are you currently enrolled or have you completed a graduate school program that is preparing you to work with the MCH population?**

- Yes
 No

- 1b. If yes, which graduate programs have you enrolled in or completed?**

- Medicine (e.g. Pediatric, Ob/Gyn, Primary Care)
 Public health
 Nutrition
 Social work
 Nursing
 Pediatric dentistry
 Psychology
 Pediatric occupational/physical therapy
 Speech language pathology
 Other MCH-related health profession (specify): _____

- 1c. If yes, did the MCH LEAP Training Program help in your admission to and/or being successful in your graduate program?**

- Yes
 No

- 2. Have you worked with Maternal and Child Health (MCH) populations since graduating from the MCH LEAP Training Program? (i.e., women, infants and children, adolescents, young adults, and their families, including fathers, and children and youth with special health care needs)?**

- Yes
 No

- 3. Have you worked with populations that are underserved or have been marginalized since graduating from the MCH LEAP Training program?**

- Yes
 No

MATERNAL AND CHILD HEALTH LEADERSHIP, EDUCATION, AND ADVANCEMENT IN UNDERGRADUATE PATHWAYS (LEAP) TRAINING PROGRAM: TRAINEE INFORMATION FORM

Please provide aggregate data on medium-, and long-term LEAP trainees¹⁴ who are participating in the LEAP training program during the 12-month reporting period.

Total Number of LEAP Trainees: _____

Ethnicity:

Number of LEAP trainees who identify as:

- Hispanic/Latino: _____
- Non-Hispanic/Latino: _____
- Unrecorded: _____

Race¹⁵:

Number of LEAP trainees who identify as:

- American Indian or Alaska Native: _____
- Asian: _____
- Black or African American: _____

¹⁴ LEAP Trainees are defined as medium-term (40-299 program hours) and long-term (300+ hours) trainees enrolled in the LEAP training program.

¹⁵ **American Indian or Alaska Native:** includes all individuals who identify with any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment. It includes people who identify as “American Indian” or “Alaska Native” and includes groups such as Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, and Nome Eskimo Community.

Asian: includes all individuals who identify with one or more nationalities or ethnic groups originating in the Far East, Southeast Asia, or the Indian subcontinent. Examples of these groups include, but are not limited to, Chinese, Filipino, Asian Indian, Vietnamese, Korean, and Japanese. The category also includes groups such as Pakistani, Cambodian, Hmong, Thai, Bengali, Mien, etc.

Black or African American: includes all individuals who identify with one or more nationalities or ethnic groups originating in any of the black racial groups of Africa. Examples of these groups include, but are not limited to, African American, Jamaican, Haitian, Nigerian, Ethiopian, and Somali. The category also includes groups such as Ghanaian, South African, Barbadian, Kenyan, Liberian, and Bahamian.

Native Hawaiian and Pacific Islander: includes all individuals who identify with one or more nationalities or ethnic groups originating in Hawaii, Guam, Samoa, or other Pacific Islands. Examples of these groups include, but are not limited to, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, and Marshallese. The category also includes groups such as Palauan, Tahitian, Chuukese, Pohnpeian, Saipanese, Yapese, etc.

White: includes all individuals who identify with one or more nationalities or ethnic groups originating in Europe, the Middle East, or North Africa. Examples of these groups include, but are not limited to, German, Irish, English, Italian, Lebanese, Egyptian, Polish, French, Iranian, Slavic, Cajun, and Chaldean.

More than one Race: includes individuals who identify with more than one race.

- Native Hawaiian or Pacific Islander: _____
- White: _____
- More than one race: _____
- Unrecorded: _____

Gender¹⁶:

Number of LEAP trainees who identify as:

- Male: _____
- Female: _____
- Transgender Man: _____
- Transgender Woman: _____
- Other (specify): _____
- Choose not to disclose/Unrecorded: _____

Age:

- 15 – 19: _____
- 20 – 24: _____
- 25 – 29: _____
- 30 – 34: _____
- 35 and older: _____

Number of LEAP trainees who are enrolled in college:

- Part-time: _____
- Full-time: _____
- Unrecorded: _____

Number of LEAP trainees who:

- Are the first in their family to attend college¹⁷: _____
- Work full-time (>35 hours/week) while enrolled in college¹⁸: _____
- Have a dependent(s) other than spouse: _____

¹⁶ **Male:** Cisgender man, describes a person who was assigned male at birth and whose gender identity is a man/male.

Female: Cisgender woman, describes a person who was assigned female at birth and whose gender identity is a woman/female.

Transgender Man/Transgender Male/Transgender Masculine: Describes a person who is transgender and whose gender identity is boy/man/male.

Transgender Woman/Transgender Female/Transgender Feminine: Describes a person who is transgender and whose gender identity is girl/woman/female.

Other (specify): A gender identity that does not fit into the above categories, such as nonbinary (a person whose gender identity falls outside of the traditional gender binary structure of girl/woman and boy/man), agender (a person who identifies as having no gender, or who does not experience gender as a primary identity component), or another identity.

¹⁷ First-generation college students are students who enrolled in postsecondary education and whose parents do not have any postsecondary education experience.

¹⁸ Includes LEAP trainees who have worked full-time (>35 hours/week) at any point during the 12-month reporting period.