**Florida Postsecondary Comprehensive Transition Program (FPCTP)  
Annual Report Template – Student Information**

**Reporting Year: 2019-2020**

Complete a Student Information Report **for each student** in your FPCTP. Refer to the instructions below to determine which sections apply to which students. The instructions also appear at the beginning of each section. Every section does not apply to every student. If a section is not applicable to a specific student leave it blank.

**Instructions**

* Complete **Section 1**: **General** **Student Information** for each student who **entered** the FPCTP during 2019-2020. Upon your request, we will complete this information for students for whom you submitted a 2018-2019 report. **Please notify us by May 29** if you want us to do this. Otherwise you can copy and paste the relevant information from last year’s report to this year’s. In either case, please verify that content, edit as needed, and continue with other relevant sections.
* Complete **Section 2: Annual Student Information** for each student **enrolled** in the FPCTP during this reporting year (those who continued from last year and those who entered new this year): 2019-2020.
* Complete **Section 3: Student Exit Information** for each student who **exited** the FPCTP **during or at the end of this reporting year** (2019-2020), regardless of reason for exit.
* **Every year** for **five years** after a student completes the FPCTP, the institution must report the student’s employment and wage data. Complete **Section 4: FPCTP Completer Follow-Up Information** for each student who **completed** your FPCTP between one and five years ago. For this reporting year (2019-2020), enter this information for any student who completed your FPCTP during or at the end of 2016-2017, 2017-2018 or 2018-2019.

**Glossary**

**Competitive integrated employment**

Employment in which the employee receives competitive earnings, works in an integrated location, and has opportunities for advancement. In this report, competitive integrated employment does not include the receipt of ongoing supported employment services.

**FPCTP**

Florida Postsecondary Comprehensive Transition Program

**IHE**

Institution of higher education

**PSE**

Postsecondary education

**Self-employment**

A type of competitive integrated employment in which an individual operates a business as a sole proprietor, partner in a partnership, independent contractor, or consultant.

**Sheltered workshop**

A supervised, work setting where the majority of people have a disability.

**Supported employment**

Competitive employment while receiving ongoing support services.

**Unpaid work experience**

Any type of work for which the individual does not receive any direct compensation.

**Section 1: General Student Information**

Complete this section for each student who **entered** the FPCTP during 2019-2020. Upon your request, we will complete this information for students for whom you submitted a 2018-2019 report. **Please notify us by May 29** if you want us to do this. Otherwise you can copy and paste the relevant information from last year’s report to this year’s. In either case, please verify that content, edit as needed, and continue with other relevant sections.

Institution name:

1. First name:
2. Last name:
3. Middle initial:
4. Date of birth: mm/dd/yyyy
5. Student ID #:
6. Gender:
7. Is this student Hispanic or Latino?
8. Race (choose one or more that apply):

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White or Caucasian

Other or unknown

No response

1. Is this student a Florida resident?
2. When did this student first begin the FPCTP? mm/dd/yyyy
3. a. Was this student enrolled at your institution before becoming a FPCTP

student?

*If yes*:

b*.* What was the nature of this student’s **most recent** enrollment?

c. Was this student still enrolled in K-12 education while attending your institution?

1. Please list all credential programs in which this student is enrolled (i.e., all credentials he or she is anticipated to earn by the time of FPCTP completion).

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| **Name of credential** |
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1. How long is it expected to take this student to complete the FPCTP (e.g., 2 years)? Note, if a student was enrolled in your program **before** it was approved as a FPCTP and was **fulfilling requirements toward FPCTP completion** during that time, include that period in this response.   
   amount unit of time
2. When is this student expected to complete the FPCTP? mm/dd/yyyy
3. What type of K-12 school did this student most recently attend?
4. When did this student exit from K-12 education? mm/dd/yyyy
5. What did this student earn upon exit from K-12 education?
6. Prior to entering the FPCTP, where did this student live? (choose one)

With parents, siblings, or extended family

Alone, or on his or her own with a spouse, domestic partner, or roommate(s)

In military housing, job training program facility, or a college dormitory

In a group home, assisted living center, or other supervised living arrangement

In a health, mental health, or correctional facility

Other Please describe

1. Which of the following career clusters best represent this student’s employment interests upon entering the FPCTP? (choose all that apply)

Agriculture, food, and natural resources

Architecture and construction

Arts, A/V technology, and communication

Business management and administration

Education and training

Energy

Engineering and technology

Finance

Government and public administration

Health science

Hospitality and tourism

Human services

Information technology

Law, public safety, and security

Manufacturing

Marketing, sales, and service

Transportation, distribution, and logistics

None

1. a. **At any time** within the year preceding FPCTP entry, was this student in **competitive**

**integrated employment** at or above minimum wage, not receiving ongoing supported employment services?

*If yes:*

1. How many hours per week was this student in competitive integrated employment in the year preceding FPCTP entry?
2. What **career cluster** most accurately represents thisstudent’s primary competitive integrated employment in the year preceding FPCTP entry?
3. a. **At any time** within the year preceding FPCTP entry, was this student in competitive

employment **and** receiving ongoing **supported employment** services?

*If yes:*

1. How many hours per week was this student in supported employment in the year preceding FPCTP entry?
2. What **career cluster** most accurately represents the primary field in which this student was in supported employment in the year preceding FPCTP entry?
3. a. **At any time** within the year preceding FPCTP entry, was this student working in a

**sheltered workshop**?

*If yes:*

b. How many hours per week was this student working in a sheltered workshop in the year preceding FPCTP entry?

c. What **career cluster** most accurately represents the primary field in which this student was working in a sheltered workshop in the year preceding FPCTP entry?

1. a. **At any time** within the year preceding FPCTP entry, was this student engaged in an

**unpaid work experience**?

*If yes:*

b. How many hours per week was this student engaged in anunpaid work experience in the year preceding FPCTP entry?

c. What **career cluster** most accurately represents the primary field in which this student was engaged in an unpaid work experience in the year preceding FPCTP entry?

Use the space below to provide any needed clarification related to Section 1: General Student Information:

**Section 2: Annual Student Information – All FPCTP Enrollees**

Complete this section for each student **enrolled** in the FPCTP during this reporting year (those who continued from last year and those who entered new this year): 2019-2020.

Institution name:

First initial and last name of student:

Example: *J. Smith*

1. What was this student’s enrollment status in 2019-2020? If this student **entered** the FPCTP during 2019-2020 select “New”.
2. a. Which of the following best describes this student’s status regarding Satisfactory

Academic Progress (SAP) **at the end** of 2019-2020? **(select only one)**

Made SAP, progressing as planned. Student remains eligible for FPCTP Scholarship.

Struggled to make SAP, advising and additional supports are planned *(please describe below)*. Student remains eligible for FPCTP Scholarship.

Did not make SAP, moved to probationary status, advising and additional supports are planned *(please describe below)*. Student is not eligible for FPCTP Scholarship the following semester.

Did not make SAP, leaving FPCTP. Student is not eligible for FPCTP Scholarship the following semester.

b. If this student **struggled to make SAP** or **did not make SAP** and is **not leaving the FPCTP**, describe the plan for advising and additional supports:

1. In what semesters did this student enroll in the FPCTP this year? (choose all that apply)

Fall 2019

Spring 2020

Summer 2020

1. a. Did this student receive a FPCTP Scholarship in 2019-2020?

*If yes*:

b. What was the total FPCTP Scholarship amount disbursed to this student in **2019-2020**? $

1. Where did this student live in 2019-2020? (choose one)

In housing associated with the IHE

With parents, siblings, or extended family

Alone, or on his or her own with a spouse, domestic partner, or roommate(s)

In military housing or a job training program facility

In a group home, assisted living center, or other supervised living arrangement

In a health, mental health, or correctional facility

Other (please describe)

1. What was this student’s status for each credential track at the **end** of 2019-2020?  
   If you entered credentials in Section 1-Question 12, the information should appear below. If this does not display, or you did not complete Section 1-Question 12, type each credential name in the “Name of credential” field.

|  |  |
| --- | --- |
| **Name of credential** | **Status at end of 2019-2020** |
| Name of credential |  |
| Name of credential |  |
| Name of credential |  |
| Name of credential |  |
| Name of credential |  |
| Name of credential |  |
| Name of credential |  |
| Name of credential |  |
| Name of credential |  |
| Name of credential |  |

**Continue on next page.**

1. Please use the table below to describe this student’s 2019-2020 enrollment in each **course type**. Include **only** enrollment that is represented by a **course name and number**, regardless of the course type (e.g., CS 1021).

|  |  |  |  |
| --- | --- | --- | --- |
| **Course type** | **Did this student enroll in this course type in  2019-2020?** | ***If yes*: Indicate the number of instances of this course type in which this student enrolled in  2019-2020.** | ***If yes:* Indicate the number of total credits or clock hours this student earned in this course type in 2019-2020.** |
| Regular enrollment/ credit bearing\* |  |  |  |
| Audit/ no credit\* |  |  |  |
| Non-credit bearing/ non-degree\* |  |  |  |
| Unique FPCTP course |  |  |  |
| Internship course |  |  |  |
| Work experience course other than internship |  |  |  |
| Other Please describe |  |  |  |

\* IHE courses not unique to the FPCTP.

1. Total number of **courses** in which this student enrolled in 2019-2020:

**Continue on next page.**

1. Which of the following career clusters best represent this student’s employment interests during 2019-2020? (choose all that apply)

Agriculture, food, and natural resources

Architecture and construction

Arts, A/V technology, and communication

Business management and administration

Education and training

Energy

Engineering and technology

Finance

Government and public administration

Health science

Hospitality and tourism

Human services

Information technology

Law, public safety, and security

Manufacturing

Marketing, sales, and service

Transportation, distribution, and logistics

None

1. a. **At any time** during 2019-2020, was this student in **competitive integrated employment**

at or above minimum wage, not receiving ongoing supported employment services?

*If yes:*

b. Was this competitive integrated employment a **formal component** of this student’s FPCTP?

c. **During what time** in 2019-2020 did this competitive integrated employment take place?

d. How many hours per week was this student in competitive integrated employment in 2019-2020?

e. What **career cluster** most accurately represents thisstudent’s primary competitive integrated employment in 2019-2020?

1. a. **At any time** during 2019-2020, was this student in competitive employment **and**

receiving ongoing **supported employment** services?

*If yes:*

b. Was this supported employment a **formal component** of this student’s FPCTP?

c. **During what time** in 2019-2020 did this supported employment take place?

d. How many hours per week was this student in supported employment in 2019-2020?

e. What **career cluster** most accurately represents the primary field in which this student was in supported employment in 2019-2020?

1. a. **At any time** during 2019-2020, was this student working in a **sheltered workshop**?

*If yes:*

b. Was this sheltered work a **formal component** of this student’s FPCTP?

c. **During what time** in 2019-2020 did this student work in the sheltered workshop?

d. How many hours per week was this student working in a sheltered workshop in 2019-2020?

e. What **career cluster** most accurately represents the primary field in which this student was working in a sheltered workshop in 2019-2020?

1. a. **At any time** during 2019-2020, was this student engaged in an **unpaid work experience**?

*If yes:*

b. Was this unpaid work experience a **formal component** of this student’s FPCTP?

c. **During what time** in 2019-2020 did this unpaid work experience take place?

d. How many hours per week was this student engaged in an unpaid work experience in 2019-2020?

e. What **career cluster** most accurately represents the primary field in which this student was engaged in an unpaid work experience in 2019-2020?

Use the space below to provide any needed clarification related to Section 2: Annual Student Information:

**Section 3: Student Exit Information**

Complete this section for each student who **exited** the FPCTP **during or at the end of this reporting year** (2019-2020), regardless of reason for exit.

Institution name:

First initial and last name of student:

Example: *J. Smith*

1. What date was this student last was enrolled in the FPCTP? (e.g., last day of semester, date when this student left the FPCTP, etc.) mm/dd/yyyy
2. a. Why did this student leave the FPCTP?

b. If applicable, explain reason for student exit:

1. a. Did this student earn one or more credentials while enrolled in, or upon completion of,

the FPCTP?

*If yes:*

b. List all credentials this student **earned**, whether the student also earned an industry

certification as part of or in association with each credential, and *if yes*, the name of each industry certification:

|  |  |  |
| --- | --- | --- |
| **Name of credential** | **Industry certification**  **(yes/no)** | **Name of industry certification** |
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1. What are this student’s plans for the **12 months** following exit from the FPCTP?   
   (select multiple if applicable)

**Competitive integrated employment,** **not** receiving ongoing supported employment services

Full-time

Part-time

Competitive employment **with** ongoing **supported employment** services

Full-time

Part-time

Enter a postsecondary education degree program (e.g., AA, AS, BS, etc.)

Enter a postsecondary education certificate or industry certification program

Enter another FPCTP

Enter a postsecondary education program for students with ID (not a FPCTP)

Enter an adult education program

Other Please describe

1. What are this student’s plans **beyond one year** from FPCTP exit?

***IMPORTANT***

***Be sure to collect and retain the most recent student contact information. You will need this each year to collect the required follow-up information regarding employment status and wages.***

Use the space below to provide any needed clarification related to Section 3: Student Exit Information:

**Section 4: Completer Follow-Up Information**

**Every year for five years after a student completes the FPCTP, the institution must report the student’s employment and wage data (FS §1004.6495).**

Complete this section for each student who **completed** your FPCTP between one and five years ago. For this reporting year (2019-2020), enter this information for any student who completed your FPCTP during or at the end of 2016-2017, 2017-2018 or 2018-2019. Note that each year, you will report on all completers for five years after their exit from your FPCTP, **even if you couldn’t contact them the previous year**.

**Institution name**:

**First initial and last name of student (e.g., J. Smith)**:

**Date student completed the FPCTP**: mm/dd/yyyy

1. a. Were you able to reach someone who could provide the information needed to complete

this section?

*If no:*

b. Please describe your efforts to contact someone for this information. Note, you are

responsible for obtaining follow-up information for every completer **every** year for five years after completion.

*If yes:*

c. How was this follow-up information obtained (e.g., phone, e-mail, in-person meeting)?

d. Who provided the information (e.g., student, parent, other family member, advocate,

etc.)?

e. When was this follow-up information collected? mm/dd/yyyy

1. Where does this former student currently live? (choose one)

With parents, siblings, or extended family

Alone, or on his or her own with a spouse, domestic partner, or roommate(s)

In military housing, job training program facility, or a college dormitory

In a group home, assisted living center, or other supervised living arrangement

In a health, mental health, or correctional facility

Other Please describe

1. a. Which of the following best describes this former student’s **current employment status**?

(choose one)

**Competitive integrated employment,** **not** receiving ongoing supported employment services

Competitive employment **with** ongoing **supported employment** services

Self-employed Please describe

Working in a sheltered workshop

Not currently employed **(skip to Question 5)**

b. On average, how many hours per week does this former student currently work?

c. What is the basis for this former student’s earnings? (choose one)

Hourly wage Enter rate

Hourly wage + tips Enter rate

Fixed salary (such as annual) Enter rate

Daily rate Enter rate

Piece rate Enter rate

Commission Enter rate

Other (e.g., by the job) Please describe Enter rate

d. Based on the average number of hours worked (Item b) and the basis for his or her earnings (Item c), how much does this former student currently earn **per week**?

$

e. What career cluster most accurately represents this former student’s current

employment?

f. Former student’s current job title:

g. Former student’s current employer:

h. Which benefits, if any, does this former student receive from his or her current

employer? (choose all that apply)

Health insurance

Vision insurance

Dental insurance

Paid annual/ vacation leave

Paid sick leave

Other Please describe

1. **Across all jobs and employment types**, what is the **estimated** **amount** this former student **earned during the past year**? $

**PAUSE:**

**If this former student is currently employed, skip to Question 6 and continue.**

**If this former student is not currently employed, continue with Question 5 on.**

1. a. Did this former student work in any of the following contexts at **any time during the past**

**year**? (choose all that apply)

**Competitive integrated employment,** **not** receiving ongoing supported employment services

Competitive employment **with** ongoing **supported employment** services

Self-employed Please describe

Sheltered workshop

Unpaid work experience

b. If this former student engaged in any paid work, what is the **estimated amount** he or she **earned during the past year**? $

1. a. Was this former student enrolled in any postsecondary education or training classes

**during the past year**?

*If yes:*

b.Which of the following best describes the nature of this postsecondary education

enrollment? (choose all that apply)

Degree-seeking (e.g., AA, AS, BS, etc.)

Certificate or industry certification program

Another FPCTP

PSE program for students with ID (not a FPCTP)

Adult education

Other Please describe

Unknown

1. a. Did this former student earn any additional degrees, credentials, or certifications **in**

**the past year** (this does not include credentials and certifications earned in your FPCTP)?

*If yes:*

b. Name of degree(s), credential(s), and/or certification(s):

1. Did this former student receive any of the following benefits **in the past year**?

(choose all that apply)

SSI - Supplemental Security Income

SSDI - Social Security Disability Insurance

Medicaid

Reemployment Assistance Benefits (unemployment compensation)

Other Please describe

None

Use the space below to provide any needed clarification related to Section 4: Completer Follow-Up Information:

**Thank you for providing this information!**