

<b>Program</b> <input type="checkbox"/> Adult <input type="checkbox"/> Dislocated <input type="checkbox"/> Youth  <b>Reason for Exit (check one):</b> <input type="checkbox"/> Placement: unsubsidized job <input type="checkbox"/> Institutionalized <input type="checkbox"/> Health/Medical <input type="checkbox"/> Deceased <input type="checkbox"/> Military Reservist <input type="checkbox"/> Foster Care <input type="checkbox"/> Retired <input type="checkbox"/> Other (Enter Reason Below)** <input type="checkbox"/> Check if not actual participant	Today's Date:			
	Pin:			
	Participant Name:			
	Career Planner:			
	Programs (Check all that apply) <input type="checkbox"/> WIOA <input type="checkbox"/> W2W <input type="checkbox"/> TechHire <input type="checkbox"/> Other:			
	Co-Enrolled? <input type="checkbox"/> FSET <input type="checkbox"/> W-2 <input type="checkbox"/> DVR <input type="checkbox"/> TAA <input type="checkbox"/> Vets			
	BSR Placed: <input type="checkbox"/>		Name: _____	
			Self-Placed: <input type="checkbox"/>	
Exit Date:		Age at Exit:		
Education at Exit:	<input type="checkbox"/> Attending H.S. or less <input type="checkbox"/> Attending Post H.S. <input type="checkbox"/> In-school, Alternative H.S. <input type="checkbox"/> Not attending – H.S. Graduate <input type="checkbox"/> Not attending/Dropout			
Employer Name:				
Employer Address:				
Employment Start Date:	Employer Phone:			
Job Title at Exit:				
	O'NET Code	NAICS Code	# of Employees	
Hourly Wage:	Average Hours Per Week:		Benefits: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this a temporary job (less than 30 days)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is employer a Federal Contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Federal Job? <input type="checkbox"/> Yes <input type="checkbox"/> No	
**Other (Reason For Exit)				
Other Youth Exits:	<input type="checkbox"/> Entered post-secondary education		<input type="checkbox"/> Entered military service	
	<input type="checkbox"/> Entered advanced training		<input type="checkbox"/> Entered a qualified apprenticeship	
Opened in a training service?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Credential Entered in ASSET	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Training Termination Information: Complete if not previously submitted or if changed	
Termination Date: _____	MSG entered: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Funding Title: <input type="checkbox"/> AP <input type="checkbox"/> DW <input type="checkbox"/> YP <input type="checkbox"/> SR <input type="checkbox"/> Non-WIOA funded	Training Agency: _____
Training Program: _____	Training Type: <input type="checkbox"/> Prevoc <input type="checkbox"/> Occupational <input type="checkbox"/> Boot camp
Program Outcome: <input type="checkbox"/> Pending <input type="checkbox"/> Not completed - failed <input type="checkbox"/> Not completed – dropped out <input type="checkbox"/> Completed <input type="checkbox"/> Withdrawn	
Employment Outcome: <input type="checkbox"/> Employment – training related <input type="checkbox"/> Employment – not training related <input type="checkbox"/> No employment	
Credential Type: <input type="checkbox"/> HS Diploma <input type="checkbox"/> GED <input type="checkbox"/> AA <input type="checkbox"/> BA <input type="checkbox"/> Occ Skills License <input type="checkbox"/> Occ Skills Cert <input type="checkbox"/> Occ Cert <input type="checkbox"/> Other recognized	
Credential Attainment: <input type="checkbox"/> Attained <input type="checkbox"/> Pending <input type="checkbox"/> Not Attained <input type="checkbox"/> Not applicable	
If drop out, reason for drop out: <input type="checkbox"/> job placement <input type="checkbox"/> global <input type="checkbox"/> relocated <input type="checkbox"/> failed <input type="checkbox"/> other _____	

