Follow-Up Form
3rd Quarter Following Exit Quarter

PART ID: _____ Name: _____ Phone Number: _____

Second Contact Number: _____ Date of WIOA Exit: _____

Completed WIOA or Partner Ser- Yes or No Received Credentials: Yes or No **MUST ATTACH DOCUMENTATION**

Received: GED ☐ High School Diploma ☐ Associates Degree ☐

Certificate of successful completion of Occupational Skills Training ☐

License: Type _____

Waiting to: take test or receive results Date expected: _____

Employment: Employed in 1st quarter following exit quarter: Yes or No

Employer: _____ Phone Number: _____

Address: _____

Occupational Title: _____ Occupational Code (ONet Code): _____

Wage: _____ Hours Worked per Week: _____ Date Started: _____

If Not Employed: Other reason for exit

Health Problems ☐ Deceased ☐ Institutionalized (including incarceration) ☐ Other explanation _____

Continuing Education? Yes or No

Name of Institution: _____

Address: _____ Course of Study: _____

Case Manager Review Notes:

(Please explain in great detail what is happening with this person: good, bad, etc. Feel free to attach more paper if needed) _____

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_____ _____

Case manager signature Date

_____ _____

AAO Signature Date

Comments: