

Follow Up Survey

Name of participant _____ Phone _____

What is the participant's goal? Entered Employment yes___ no___
Retained Employment yes___ no___
Postsecondary or skill training yes___ no___

Contact information

First Contact Date _____ staff initial _____

Method of contact: phone _____ in person _____ DOL _____ other _____

Further contact needed, or other applicable information:

Second Contact Date _____ staff initial _____

Method of contact: phone _____ in person _____ DOL _____ other _____

Further contact needed, or other applicable information:

Third Contact Date _____ staff initial _____

Method of contact: phone _____ in person _____ DOL _____ other _____

Further contact needed, or other applicable information:

Entered employment goal: Since you stopped taking classes, have you worked at least one day for pay?

Collection Quarter: _____ Yes ___ No ___ Job info. _____

Retained employment goal: Are you currently working? Yes ___ No ___

Did you work at all during the past three months for pay? Collection Quarter: _____

Postsecondary Ed or Skill Training: Since you stopped taking classes, have you enrolled in college, technical institute, or any type of skill/job training? Yes ___ No ___ Where: _____

Public Assistance:

While you attended our program, did you receive food stamps, TANF or housing assistance? Yes ___ No ___

If yes, are you currently receiving these services? Yes ___ No ___

Notes:
