EXIT CHECKLIST

STUDENT'S NAME:	SITE:

To be filled out when the student exits the program.

What was the student's Main goal? _____ Secondary? _____

Did the student meet their goal/s? YES NO

Is the student employed?   YES   NO

Where is he/she employed? _____

Date of employment:_____

Did student enter any type of **post secondary training** while enrolled in the program or after the last date of attendance?   YES   NO
If yes, please indicate the following:

Date of enrollment:_____ Name of Institution:_____

Program of Study:_____ Number of Credit hours completed: _____

Degree/Certificate Earned:_____

Did student earn a high school equivalency certificate?   YES   NO

Date earned:_____

Main reason student exited the program (please choose one from the list below):

Other exit reasons:

- ☐ Achieved reason for enrollment
- ☐ Completed class
- ☐ Hasn't attended for 90+ days
- ☐ Illness/Incapacity
- ☐ Lack of child care
- ☐ Lack of transportation
- ☐ Family problems
- ☐ Time or location of services not feasible
- ☐ Lack of interest

- ☐ Instruction not helpful
- ☐ Instructor was not good
- ☐ Program didn't satisfy personal goals
- ☐ Not satisfied with program
- ☐ Moved
- ☐ Entered employment
- ☐ Entered other education or training program
- ☐ Don't Know/Refused
- ☐ Other

DATE OF LAST ATTENDANCE:	DATE OF LAST HOURS: (to be completed by main office)