

Workforce Investment Act Youth Exit/Outcome Form

Date <input type="text"/>	<input type="checkbox"/> JTPA Carryover	Servicing County <input type="text"/>	WDA <input type="checkbox"/>	
Applicant Name				
Social Security Number <input type="text"/>	Last <input type="text"/>	First <input type="text"/>	MI <input type="text"/>	
Address <input type="text"/>		Mailing Address <input type="text"/>	Telephone Number <input type="text"/>	
Address <input type="text"/>		City <input type="text"/>	State <input type="text"/>	
Zip <input type="text"/>				
Provider: _____ Younger Youth (14-18) <input type="checkbox"/> In School <input type="checkbox"/> Out of School				
Activity 1 _____	End Date <input type="text"/>	Hours Completed <input type="text"/>		
Activity 2 _____	<input type="text"/>	<input type="text"/>		
Activity 3 _____	<input type="text"/>	<input type="text"/>		
Activity 4 _____	<input type="text"/>	<input type="text"/>		
Youth Skill Attainment (Returned or remained in school)			Other	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Start Date <input type="text"/>	
			End Date <input type="text"/>	
Basic Skills Goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Occupational Skills Goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Work Readiness Skills Goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
			Institutionalized <input type="checkbox"/>	
			Incarcerated <input type="checkbox"/>	
			Deceased <input type="checkbox"/>	
Out-Of -School Youth Only				
Diploma Attainment	<input type="checkbox"/>	Date Attained <input type="text"/>		
Diploma Equivalent/GED Attainment	<input type="checkbox"/>	<input type="text"/>		
Placement /Retention				
1. Post-Secondary Education	_____			<input type="checkbox"/>
2. Advanced Training	_____			<input type="checkbox"/>
3. Military Service	_____			<input type="checkbox"/>
4. Qualified Apprenticeships	_____			<input type="checkbox"/>
5. Employment (Fill Below)	_____			<input type="checkbox"/>
6. Did not enter 1-5 above	_____			<input type="checkbox"/>
Provider: _____ Older Youth (19-21) <input type="checkbox"/> In School <input type="checkbox"/> Out of School				
Activity 1 _____	End Date <input type="text"/>	Hours Completed <input type="text"/>		
Activity 2 _____	<input type="text"/>	<input type="text"/>		
Activity 3 _____	<input type="text"/>	<input type="text"/>		
Activity 4 _____	<input type="text"/>	<input type="text"/>		
Credential Attainment			Other	
Post-Secondary Ed. <input type="checkbox"/>	Certificate/Degree/ Program Completion <input type="checkbox"/>	Explain _____	Institutionalized <input type="checkbox"/>	
Employment (If Yes, fill below) <input type="checkbox"/>	Licensure/ Industry Recognized Certificate <input type="checkbox"/>	_____	Incarcerated <input type="checkbox"/>	
Advanced Training <input type="checkbox"/>	Certificate/Degree/ Program Completion / Lic. <input type="checkbox"/>	_____	Deceased <input type="checkbox"/>	
<input type="checkbox"/> Non-traditional	Entered Employment		<input type="checkbox"/> Training Related	
Name of Employer _____	Address of Employer _____	City _____	St. _____	
Telephone Number <input type="text"/>	Hourly Rate _____	Zip _____		
Occupation _____	DOT /Occupational Code <input type="text"/>			
Staff Signature _____		Date _____		