

South Central WDC Follow-Up Information Form

Name: _____ Social Security #: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Exit Date: _____ Exit Code: _____ Age at registration: _____ Age at Exit: _____

Program Exit Date: _____

Employment

School

<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed Job Title at hire: _____ Employer Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Start Date: _____ Starting Pay: _____ Pay Now: _____ Job Title now: _____ Hours per week: _____ End Date: _____	<input type="checkbox"/> Secondary School <input type="checkbox"/> Postsecondary <input type="checkbox"/> Advanced Training <input type="checkbox"/> Military <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Other Training Name of School/Facility: _____ Name & title of school staff: *(Staff statement in comments) _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Start Date: _____ Objective: _____ Projected end date: _____ <input type="checkbox"/> Completed Credential this quarter. Date: _____
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1st Quarter after Exit Date: _____

<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed Job Title at hire: _____ Employer Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Start Date: _____ Starting Pay: _____ Pay Now: _____ Job Title now: _____ Hours per week: _____ End Date: _____	<input type="checkbox"/> Secondary School <input type="checkbox"/> Postsecondary <input type="checkbox"/> Advanced Training <input type="checkbox"/> Military <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Other Training Name of School/Facility: _____ Name & title of school staff: *(Staff statement in comments) _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Start Date: _____ Objective: _____ Projected end date: _____ <input type="checkbox"/> Completed Credential this quarter. Date: _____
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***Comments:** _____

2nd Quarter after Exit Date: _____

<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed Job Title at hire: _____ Employer Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Start Date: _____ Starting Pay: _____ Pay Now: _____ Job Title now: _____ Hours per week: _____ End Date: _____	<input type="checkbox"/> Secondary School <input type="checkbox"/> Postsecondary <input type="checkbox"/> Advanced Training <input type="checkbox"/> Military <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Other Training Name of School/Facility: _____ Name & title of school staff: *(Staff statement in comments) _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Start Date: _____ Objective: _____ Projected end date: _____ <input type="checkbox"/> Completed Credential this quarter. Date: _____
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***Comments:** _____

3rd Quarter after Exit Date: _____

<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed Job Title at hire: _____ Employer Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Start Date: _____ Starting Pay: _____ Pay Now: _____ Job Title now: _____ Hours per week: _____ End Date: _____	<input type="checkbox"/> Secondary School <input type="checkbox"/> Postsecondary <input type="checkbox"/> Advanced Training <input type="checkbox"/> Military <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Other Training Name of School/Facility: _____ Name & title of school staff: *(Staff statement in comments) _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Start Date: _____ Objective: _____ Projected end date: _____ <input type="checkbox"/> Completed Credential this quarter. Date: _____
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***Comments:** _____

4th Quarter after Exit Date: _____

<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed Job Title at hire: _____ Employer Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Start Date: _____ Starting Pay: _____ Pay Now: _____ Job Title now: _____ Hours per week: _____ End Date: _____	<input type="checkbox"/> Secondary School <input type="checkbox"/> Postsecondary <input type="checkbox"/> Advanced Training <input type="checkbox"/> Military <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Other Training Name of School/Facility: _____ Name & title of school staff: *(Staff statement in comments) _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Start Date: _____ Objective: _____ Projected end date: _____ <input type="checkbox"/> Completed Credential this quarter. Date: _____
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Agency Representative _____

Date _____