



EXIT FORM

Name: _____ School/Agency: _____ Exit Date: ___/___/___

EXIT TYPE:

- Exit—Did not complete employment and/or education plan; or 90-day gap in services occurred.
- Planned Exit—Completed employment and/or education plan and is working on a retention goal.
- Institutionalized
- Health/Medical or Family Care
- Reservist Called to Active Duty
- Relocated to a mandated residential program—only youth in foster care or ward of the state apply

OUTCOMES UPON EXIT:

	Date of Achievement
Education:	
<input type="checkbox"/> Attained High School Diploma or Equivalent ** <small>(Note: record 'Credential' in i-trac – Outcomes tab; file 'Proof' in Section 4)</small>	___/___/___
<input type="checkbox"/> Attained GED ** <small>(Note: record 'Credential' in i-trac – Outcomes tab; file 'Proof' in Section 4)</small>	___/___/___
<input type="checkbox"/> Entered Post-Secondary Ed ** <small>(Note: Record college information in i-trac – Outcomes tab; file 'Proof' in Section 2 or Section 4 if Q1 verification)</small>	___/___/___
Unsubsidized Employment:	
<input type="checkbox"/> Entered employment <small>(Note: Employment must be recorded in i-trac – Outcomes tab; obtain paystub copy for proof)</small>	___/___/___
CASAS:	
<input type="checkbox"/> N/A, this client was an ISY at the time of registration	N/A
<input type="checkbox"/> This OSY client did not need to post-test because they were not found to be Basic Skills Deficient during the pre-test	N/A
<input type="checkbox"/> LITERACY/NUMERACY Gain. In the first year of service, this OSY made at least one skill level gain in the Educational Functioning Level from pre-test to post-test in at least one subject he/she was found to be Basic Skills Deficient	___/___/___
Other:	
<input type="checkbox"/> Entered or completed an advanced training opportunity Specify: _____ <small>(Note: Certificate issued by State agency; Institution of higher education; Professional/Industry organization)</small>	___/___/___
<input type="checkbox"/> Entered the Military service Specify: _____ <small>(Verification of military service can be verified at: www.dmdc.osd.mil/appj/scra/scraHome.do)</small>	___/___/___
<input type="checkbox"/> Entered Job Corps training Specify: _____	___/___/___
<input type="checkbox"/> Entered a qualified apprenticeship program Specify: _____	___/___/___

Please attach supporting documentation to this form or refer to other sections in file clearly