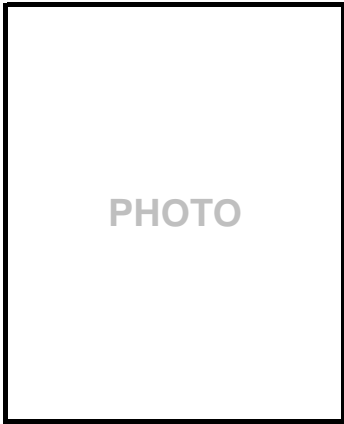


POST-PROGRAM SUPPORT & FOLLOW-UP SERVICES



Name: _____

Occupational Skills Training/ Education Yes No Completion Date: _____

Exit Plan Complete: Yes No Date: _____

Employed: Yes No

Where: _____
Date: _____

Certification/Credential: Yes No
Type: _____

Follow-Up Activities - Sample

- 1 Educational Support
- 2 Employment Support
- 3 Program Support Services
- 4 Referral Support Services
- 5 Community Service
- 6 Job Club
- 7 Made Monthly Contact:
 - a. Telephone Call - Talked
 - b. Telephone Call - Left Message
- 8 Mentoring:
 - a. One on One
 - b. Group

MONTH 1						
S	M	T	W	T	F	S

MONTH 2						
S	M	T	W	T	F	S

MONTH 3						
S	M	T	W	T	F	S

MONTH 4						
S	M	T	W	T	F	S

MONTH 5						
S	M	T	W	T	F	S

MONTH 6						
S	M	T	W	T	F	S

MONTH 7						
S	M	T	W	T	F	S

MONTH 8						
S	M	T	W	T	F	S

MONTH 9						
S	M	T	W	T	F	S

Note: The 9 month follow-up begins the first month after exit. The number corresponding to the activities should be entered into the day that the activity occurred. **All follow-up activities should also be recorded below and on the reverse side with a date and time stamp.**

Notes _____

