

## Quarterly Follow-Up Survey

Participant Name: \_\_\_\_\_  
 Exit Date: \_\_\_\_\_  
 Phone: \_\_\_\_\_

App ID: \_\_\_\_\_  
 Type of Exit: \_\_\_\_\_  
 Email: \_\_\_\_\_

<b>FIRST QUARTER AFTER EXIT</b>			
Date of attempted contact:	<input type="checkbox"/> Successful	<input type="checkbox"/> Unsuccessful	
Date of attempted contact:	<input type="checkbox"/> Successful	<input type="checkbox"/> Unsuccessful	
Date of attempted contact:	<input type="checkbox"/> Successful	<input type="checkbox"/> Unsuccessful	
Successful Contact Type:	<input type="checkbox"/> Phone	<input type="checkbox"/> Text	<input type="checkbox"/> Email <input type="checkbox"/> In-person
Changes to employment:	<input type="checkbox"/> Benefits	<input type="checkbox"/> Raise	<input type="checkbox"/> New employer <input type="checkbox"/> Other
If new employer:	Start date:	End date:	
Employer name:	NAICS/Industry Code:		
Employer address:			
Participant job title:	O*NET/Occupational Code:		
Avg. hours per week:	Hourly Wage:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Fringe benefits:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Covered by unemployment compensation:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-traditional employment:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Wage verification received (2 paystubs):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Training-related employment:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Did not impart job-specific skills	<input type="checkbox"/> Cannot be determined
Enrolled in education:	<input type="checkbox"/> Yes <input type="checkbox"/> No	School/program:	
<i>Case notes: Note explanation of changes/attempts at contacting/employment due to training, etc.</i>			

<b>SECOND QUARTER AFTER EXIT</b>			
Date of attempted contact:	<input type="checkbox"/> Successful	<input type="checkbox"/> Unsuccessful	
Date of attempted contact:	<input type="checkbox"/> Successful	<input type="checkbox"/> Unsuccessful	
Date of attempted contact:	<input type="checkbox"/> Successful	<input type="checkbox"/> Unsuccessful	
Successful Contact Type:	<input type="checkbox"/> Phone	<input type="checkbox"/> Text	<input type="checkbox"/> Email <input type="checkbox"/> In-person
Changes to employment:	<input type="checkbox"/> Benefits	<input type="checkbox"/> Raise	<input type="checkbox"/> New employer <input type="checkbox"/> Other
If new employer:	Start date:	End date:	
Employer name:	NAICS/Industry Code:		
Employer address:			
Participant job title:	O*NET/Occupational Code:		
Avg. hours per week:	Hourly Wage:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Fringe benefits:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Covered by unemployment compensation:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-traditional employment:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Wage verification received (2 paystubs):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Training-related employment:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Did not impart job-specific skills	<input type="checkbox"/> Cannot be determined
Enrolled in education:	<input type="checkbox"/> Yes <input type="checkbox"/> No	School/program:	
<i>Case notes: Note explanation of changes/attempts at contacting/employment due to training, etc.</i>			

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 Email: \_\_\_\_\_

<b>THIRD QUARTER AFTER EXIT</b>			
Date of attempted contact:	<input type="checkbox"/> Successful	<input type="checkbox"/> Unsuccessful	
Date of attempted contact:	<input type="checkbox"/> Successful	<input type="checkbox"/> Unsuccessful	
Date of attempted contact:	<input type="checkbox"/> Successful	<input type="checkbox"/> Unsuccessful	
Successful Contact Type:	<input type="checkbox"/> Phone	<input type="checkbox"/> Text	<input type="checkbox"/> Email <input type="checkbox"/> In-person
Changes to employment:	<input type="checkbox"/> Benefits	<input type="checkbox"/> Raise	<input type="checkbox"/> New employer <input type="checkbox"/> Other
If new employer:	Start date:	End date:	
Employer name:	NAICS/Industry Code:		
Employer address:			
Participant job title:	O*NET/Occupational Code:		
Avg. hours per week:	Hourly Wage:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Fringe benefits:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Covered by unemployment compensation:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-traditional employment:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Wage verification received (2 paystubs):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Training-related employment:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Did not impart job-specific skills	<input type="checkbox"/> Cannot be determined
Enrolled in education:	<input type="checkbox"/> Yes <input type="checkbox"/> No	School/program:	
<i>Case notes: Note explanation of changes/attempts at contacting/employment due to training, etc.</i>			

<b>FOURTH QUARTER AFTER EXIT</b>			
Date of attempted contact:	<input type="checkbox"/> Successful	<input type="checkbox"/> Unsuccessful	
Date of attempted contact:	<input type="checkbox"/> Successful	<input type="checkbox"/> Unsuccessful	
Date of attempted contact:	<input type="checkbox"/> Successful	<input type="checkbox"/> Unsuccessful	
Successful Contact Type:	<input type="checkbox"/> Phone	<input type="checkbox"/> Text	<input type="checkbox"/> Email <input type="checkbox"/> In-person
Changes to employment:	<input type="checkbox"/> Benefits	<input type="checkbox"/> Raise	<input type="checkbox"/> New employer <input type="checkbox"/> Other
If new employer:	Start date:	End date:	
Employer name:	NAICS/Industry Code:		
Employer address:			
Participant job title:	O*NET/Occupational Code:		
Avg. hours per week:	Hourly Wage:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Fringe benefits:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Covered by unemployment compensation:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-traditional employment:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Wage verification received (2 paystubs):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Training-related employment:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Did not impart job-specific skills	<input type="checkbox"/> Cannot be determined
Enrolled in education:	<input type="checkbox"/> Yes <input type="checkbox"/> No	School/program:	
<i>Case notes: Note explanation of changes/attempts at contacting/employment due to training, etc.</i>			