

## EXIT/CAREER FUTURE PLAN

<b>Participant Name</b>	<b>Last Four of SSN</b>
<b>NextGen Service Provider Name</b>	<b>End of Service (EOS) Date</b>
<b>To be completed and signed by the Participant and Career Advisor</b>	

<b><i>If needed, use additional page to complete items below.</i></b>	
<b>1</b>	What are your future plans?
	Objective #1:
	Objective #2:
<b>2</b>	What is the most important thing to you about having and keeping a job or being enrolled in school?
<b>3</b>	What major problem/s could prevent you from reaching your goals?
<b>4</b>	What is your plan of action for overcoming this/these problem/s?
<b>5</b>	How can your Career Advisor assist you in staying on track with your career plans?
<b>6</b>	Do you have a support system (e.g. family, friends, relatives, etc) in place to assist you?
<b>7</b>	Do you need additional WIOA services to assist you in reaching and achieving your educational or career goals?

<b>Provide information for two different people who may be contacted in order to reach you.</b>	
<b>Name</b>	<b>Name</b>
<b>Address</b>	<b>Address</b>
<b>Telephone</b>	<b>Telephone</b>
<b>Email</b>	<b>Email</b>
<b>Relationship</b>	<b>Relationship</b>

### Statement of Understanding

I agree that I will maintain contact and inform my Career Advisor of any changes in work, school, address, or of any concerns that will affect my employment or education/academics from the date of my Exit from the NextGen program. I am aware that I will be receiving follow-up services for one year from that date. Follow-up services will include; tutoring, counseling, mentoring, employment referrals, other service referrals as appropriate, and other supportive services needed to ensure the success of my career future plans.

Participant Signature & Date

Career Advisor Signature & Date