Student Name: Date of Termination: Tutor's Name: Reason for Termination		
Lei	ngth of Stay	
4-6 7-1 13-	months: months: 2 months: 24 months (1-2years):	24-48 months (2-4 years): 49-120 months (4-10 years): 120+ months (10+ years):
	urs of Instruction: hrs. tcome and Achievement	
1. 2. 3. 4. 5 6. 7. 8.	Entered employment: Retained Employment: Improved employability skills: Received GED or other secondary school diploma: Entered other education and/or training: Advanced level(s) in curriculum series: Met work based student goal:	 Registered to vote/voted for the first time: Obtained driver's license: Increase involvement in community activities: Increased involvement in children's educational activities: Attained consumer skills: Attained wellness and healthy lifestyles: Other personal goal(s):

Additional comments from tutor:

Instructions for completing this emailed form:

- 1. Download the Termination Form, save it to your Desktop or other file.
- 2. Please type in your responses and complete the appropriate information.
- 3. Save the completed form.
- 4. Attach the completed form to an email and send to: gtalc22@gmail.com

This information will become part of the student's confidential.