

Youth Build

Olman, Robert

Oct - May 2011

#2

YBTC

Exit

Follow-up



THE STANDARD FOR DEVELOPING CRAFT PROFESSIONALS

13614 Progress Boulevard, Alachua, Florida 32615 • p. 888.622.3720 f. 386.518.6255 • www.nccer.org

Official Transcript

July 24, 2012

NCCER Card #: 9992135

Trainee Name: Robert Olman

Sponsor: Construction Education Trust

Address: 31899 Sherman Ave
Madison Heights, MI 48071

Current Employer/School:

Module	Description	Instructor	Training Location	Date Completed
00101-04	Basic Safety	Devon Hill	Construction Education Trust	3/4/2011
00102-04	Introduction to Construction Math	Devon Hill	Construction Education Trust	3/4/2011
00103-04	Introduction to Hand Tools	Devon Hill	Construction Education Trust	3/4/2011
00104-04	Introduction to Power Tools	Devon Hill	Construction Education Trust	3/4/2011
00105-04	Introduction to Blueprints	Devon Hill	Construction Education Trust	3/4/2011
00106-04	Basic Rigging	Devon Hill	Construction Education Trust	3/4/2011
00107-04	Basic Communication Skills	Devon Hill	Construction Education Trust	3/4/2011
00108-04	Basic Employability Skills	Devon Hill	Construction Education Trust	3/4/2011

NO ENTRIES BELOW THIS LINE

NCCER

The Standard for Developing Craft Professionals

This is to certify that

Robert Olman

has fulfilled the requirements for

Core Curricula

in NCCER's standardized training curriculum
this Fourth day of March, 2011



Donald E. Whyte

Donald E. Whyte
President, NCCER



THE STANDARD FOR DEVELOPING CRAFT PROFESSIONALS

July 24, 2012

Robert Olman
Construction Education Trust
31899 Sherman Ave
Madison Heights, MI 48071

Dear Robert,

On behalf of NCCER, I congratulate you for successfully completing NCCER's Contren® Learning Series program. I also congratulate you for choosing construction as a career.

You are now a valuable member of one of our nation's largest industries. The skills you have acquired will not only enhance your career opportunities, but will help build America.

Enclosed are your credentials from the National Registry. These industry-recognized credentials give you flexibility in planning your career and ensure your achievements follow you wherever you go.

To access your training accomplishments through the Automated National Registry, follow these instructions:

1. Go to <http://anr.nccer.org>.
2. Click the "Individuals" button.
3. Enter the NCCER card number, located on front of your wallet card or transcript, and your PIN. *Note: The default PIN is the last four digits of your SSN. You may change your PIN after you login.*
4. First-time users will be directed to answer a few security questions upon initial login.
5. Contact the registry department at 386-518-6500 with any questions.

NCCER applauds your dedication and wishes you the best in your future endeavors.

Sincerely,

Donald E. Whyte
President, NCCER



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FOLLOW-UP

Form No: ETA 9136
Expiration Date: 04/30/2014
Grantee: NORTHWEST MICHIGAN COUNCI...
Grant No: YB-19248-09-60-A-26
Class: 09
Contact: Lisa Anderson (231) 922-6507
Email: lmAnderson@tbalsd.k12.mi.us

[View other Grant](#)

Robert Olman (Edit)
Participant ID: YB18283
Cohort: October 2010
Team: TCAPS 2

Participant Alerts - 0 total
 No current alerts ([add new](#))

[Add New Case](#)
 [Add New Service](#)

Request Case Deletion: [Add](#) | [Edit](#)
Status:



	1st Quarter After Exit	2nd Quarter After Exit	3rd Quarter After Exit	4th Quarter After Exit		
Existing Follow-Up entries:						
	Add New Follow-Up					
Follow-Up date	Employed 3rd qtr After Exit	Enrolled in Post-Sec Education 3rd Qtr After Exit	Enrolled in Voc Training 3rd Qtr After Exit	Employed 1st Qtr After Exit	Enrolled in Post-Sec Education 1st Qtr After Exit	Enrolled in Voc Training 1st Qtr After Exit
05/30/2012	Yes	No	No	Yes	No	No

Successful 3rd Qtr!





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Form No: ETA 9136
Expiration Date: 04/30/2014
Grantee: NORTHWEST MICHIGAN COUNCI..
Grant No: YB-19248-09-60-A-26
Class: 09
Contact: Lisa Anderson (231) 922-6507
Email: lmanderson@tbaisd.k12.mi.us

[View other Grant](#)

FOLLOW-UP

Robert Olman ([Edit](#))
Participant ID: YB18283
Cohort: October 2010
Team: TCAPS 2

Participant Alerts - 0 total
 [No current alerts \(add new \)](#)

[Add New Case](#)
 [Add New Service](#)

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Status:



[1st Quarter After Exit](#) [2nd Quarter After Exit](#) **[3rd Quarter After Exit](#)** [4th Quarter After Exit](#)

Post-Program Employment and Job Retention Data (04/2012 - 06/2012)

Update Follow-up: 3rd Quarter After Exit Quarter

Date of Follow-up * 05/30/2012

Mode of Contact * Email or written report

If 'Other' please specify

Successful Follow-up * Yes No

If 'Successful follow-up' is 'Yes', then the data elements (below) marked by '>>' are required.
Note: Grayed out fields indicate a current placement does not exist.

>> 1. Employed Yes No

1a. Hours Worked in a Full Week 30

1b. Hourly Wage First Full Week of Work \$ 8.00 (xx.xx)

>> 2. Enrolled in Post-Secondary Education Yes No

2a. Hours Attended Post-Secondary Education
in a Full Week

>> 3. Enrolled in Vocational Training Yes No

3a. Hours Attended Vocational Training in a Full
Week

3b. Hourly Wage First Full Week of Work \$ (xx.xx)

Additional Information

Received Public Assistance After Exit Choose...

If 'Other government sources' please specify





DIVISION OF:

TRAVERSE BAY AREA INTERMEDIATE SCHOOL DISTRICT



Employment Verification Form

To be completed by the employer

Please legibly print information, sign, and fax to 231-922-6325, attention Kim Gribi

Date Requested: 5/30/12

Participant Name: Robert "Drake" Olman

Employer Name: Hampton Inn

Employer Address: 1000 US 31 TC MI 49686
Street City State Zip

Employer Phone: 946-8900 Employer Fax: 946-2817

Employer contact email address:

Date participant began work: 8/8/11 Job title: house keeping

Average hours per week: 30 Hourly wage: \$8.00

Last day of employment (if no longer employed):

Reason for leaving (if no longer employed):

- Resigned (reason, if known)
- Quit, no reason given
- Temporary or seasonal position (employment no longer available)
- Terminated

Verification completed by: Dee Houghen Title: G.M.
Print Print

Signature: Dee Houghen Date: 5/30/12



Logged In as Goetz, Michelle
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Form No: ETA 9136
Expiration Date: 04/30/2014
Grantee: NORTHWEST MICHIGAN COUNCI...
Grant No: YB-19248-09-60-A-26
Class: 09
Contact: Lisa Anderson (231) 922-6507
Email: lmAnderson@tbaisd.k12.mi.us

[View other Grant](#)

FOLLOW-UP

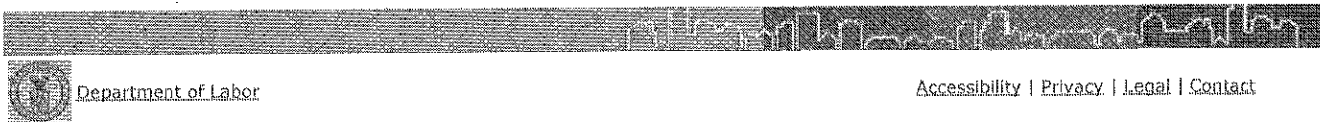
Robert Olman (Edit)
Participant ID: YB18283
Cohort: October 2010
Team: TCAPS 2

Participant Alerts - 0 total
 No current alerts ([add new](#))



	1st Quarter After Exit	2nd Quarter After Exit	3rd Quarter After Exit	4th Quarter After Exit		
Existing Follow-Up entries:						
				<input type="button" value="Add New Follow-Up"/>		
Follow-Up date	Employed 2nd Qtr After Exit	Enrolled in Post-Sec Education 2nd Qtr After Exit	Enrolled in Voc Training 2nd Qtr After Exit	Employed 1st Qtr After Exit	Enrolled in Post-Sec Education 1st Qtr After Exit	Enrolled in Voc Training 1st Qtr After Exit
03/10/2012	Yes	No	No	Yes	No	No

Successful 2nd Qtr





Logged In as Goetz, Michelle

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FOLLOW-UP

Form No: ETA 9136
Expiration Date: 04/30/2014
Grantee: NORTHWEST MICHIGAN COUNCI...
Grant No: YB-19248-09-60-A-26
Class: 09
Contact: Lisa Anderson (231) 922-6507
Email: lmmanderson@tbalsd.k12.mi.us

[View other Grant](#)

Robert Olman (Edit)
Participant ID: YB18283
Cohort: October 2010
Team: TCAPS 2

Participant Alerts - 0 total
[No current alerts \(add new \)](#)

[Add New Case](#)
[Add New Service](#)



1st Quarter After Exit	2nd Quarter After Exit	3rd Quarter After Exit	4th Quarter After Exit
Post-Program Employment and Job Retention Data (01/2012 - 03/2012)			
Update Follow-up: 2nd Quarter After Exit Quarter			
Date of Follow-up *	<input type="text" value="03/10/2012"/>		
Mode of Contact *	<input type="text" value="Email or written report"/>		
If 'Other' please specify	<input type="text"/>		
Successful Follow-up *	<input checked="" type="radio"/> Yes <input type="radio"/> No		
If 'Successful follow-up' is 'Yes', then the data elements (below) marked by '>>' are required.			
Note: Grayed out fields indicate a current placement does not exist.			
>> 1. Employed	<input checked="" type="radio"/> Yes <input type="radio"/> No		
1a. Hours Worked in a Full Week	<input type="text" value="30"/>		
1b. Hourly Wage First Full Week of Work	\$ <input type="text" value="8.25"/> (xx.xx)		
>> 2. Enrolled in Post-Secondary Education	<input type="radio"/> Yes <input checked="" type="radio"/> No		
2a. Hours Attended Post-Secondary Education in a Full Week	<input type="text"/>		
>> 3. Enrolled in Vocational Training	<input type="radio"/> Yes <input checked="" type="radio"/> No		
3a. Hours Attended Vocational Training in a Full Week	<input type="text"/>		
3b. Hourly Wage First Full Week of Work	\$ <input type="text"/> (xx.xx)		
Additional Information			
Received Public Assistance After Exit	<input type="text" value="Choose..."/>		
If 'Other government sources' please specify	<input type="text"/>		
<input type="button" value="Save"/> <input type="button" value="Reset"/> <input type="button" value="Cancel"/>			





DIVISION OF:

TRAVERSE BAY AREA INTERMEDIATE SCHOOL DISTRICT



Employment Verification Form

To be completed by the employer

Please legibly print information, sign, and fax to 231-922-6325, attention Kim Gribi

Date Requested: 3/9/12

Participant Name: Robert "Drake" Olman

Employer Name: Hampton Inn

Employer Address: 1000 US 31 TC MI 49686
Street City State Zip

Employer Phone: 946-8900 Employer Fax: 946-2817

Employer contact email address:

Date participant began work: 8/8/11 Job title: house keeping

Average hours per week: 6-30 Hourly wage: \$8.25

Last day of employment (if no longer employed): N/A

Reason for leaving (if no longer employed):

- Resigned (reason, if known)
- Quit, no reason given
- Temporary or seasonal position (employment no longer available)
- Terminated

Verification completed by: Dee Houghton Title: Dee Houghton
Print Print

Signature: Dee Houghton Date: 3/10/12

3/27/12

YouthBuild

HOME | **REPORTS** | TOOLS | ADMIN

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Grantee: [NORTHWEST MICHIGAN COUNCI...](#)
Grant No: YB-19248-09-60-A-26
Class: 09
Contact: Lisa Anderson (231) 922-6507
Email: jmanderson@tbaisd.k12.mi.us

[View other Grant](#)

FOLLOW-UP

Robert Olman ([Edit](#))
Participant ID: YB18283
Cohort: October 2010
Team: TCAPS 2

[Participant Alerts](#) - 0 total
 [No current alerts \(\[add new\]\(#\) \)](#)

[Add New Case](#)
[Add New Service](#)

Request Case Deletion: [Add](#) | [Edit](#)
Status:

Summary | Assessments & IDP | Services | Outcomes | **Follow-up** | Notes | Exit

	<u>1st Quarter After Exit</u>	<u>2nd Quarter After Exit</u>	<u>3rd Quarter After Exit</u>	<u>4th Quarter After Exit</u>
Existing Follow-Up entries:				
	Add New Follow-Up			
Follow-Up date	Employed 1st Qtr After Exit	Enrolled in Post-Sec Education 1st Qtr After Exit	Enrolled in Voc Training 1st Qtr After Exit	
10/18/2011	Yes	No	No	

Department of Labor

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*Successful
1st qtr*



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Grantee: [NORTHWEST MICHIGAN COUNCI...](#)
Grant No: YB-19248-09-60-A-26
Class: 09
Contact: Lisa Anderson (231) 922-6507
Email: lmanderson@tbaisd.k12.mi.us

[View other Grant](#)

FOLLOW-UP

Robert Olman ([Edit](#))
Participant ID: YB18283
Cohort: October 2010
Team: TCAPS 2

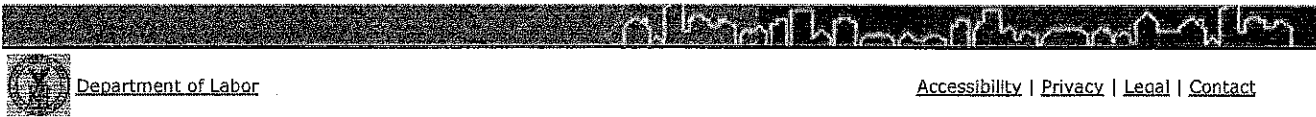
Participant Alerts - 0 total
 [No current alerts \(add new \)](#)

[Add New Case](#)
 [Add New Service](#)

Request Case Deletion: [Add](#) | [Edit](#)
Status:



1st Quarter After Exit	2nd Quarter After Exit	3rd Quarter After Exit	4th Quarter After Exit
Post-Program Employment and Job Retention Data (10/2011 - 12/2011)			
Update Follow-up: 1st Quarter After Exit Quarter			
Date of Follow-up *	<input type="text" value="10/18/2011"/>		
Mode of Contact *	<input type="text" value="Email or written report"/>		
If 'Other' please specify	<input type="text"/>		
Successful Follow-up *	<input checked="" type="radio"/> Yes <input type="radio"/> No		
If 'Successful follow-up' is 'Yes', then the data elements (below) marked by '>>' are required. Note: Grayed out fields indicate a current placement does not exist.			
>> 1. Employed	<input checked="" type="radio"/> Yes <input type="radio"/> No		
1a. Hours Worked in a Full Week	<input type="text" value="30"/>		
1b. Hourly Wage First Full Week of Work	\$ <input type="text" value="8.00"/> (xx.xx)		
>> 2. Enrolled in Post-Secondary Education	<input type="radio"/> Yes <input checked="" type="radio"/> No		
2a. Hours Attended Post-Secondary Education in a Full Week	<input type="text"/>		
>> 3. Enrolled in Vocational Training	<input type="radio"/> Yes <input checked="" type="radio"/> No		
3a. Hours Attended Vocational Training in a Full Week	<input type="text"/>		
3b. Hourly Wage First Full Week of Work	\$ <input type="text"/> (xx.xx)		
Additional Information			
Received Public Assistance After Exit	<input type="text" value="Choose..."/>		
If 'Other government sources' please specify	<input type="text"/>		





DIVISION OF:

TRAVERSE BAY AREA INTERMEDIATE SCHOOL DISTRICT



Employment Verification Form

To be completed by the employer

Please legibly print information, sign, and fax to 231-922-3737, attention Dana Venhuizen

Date Requested: 10/18/11

Participant Name: Robert "Drake" Olman

Employer Name: Hampton Inn

Employer Address: 1000 U.S. 31 Street IC City MI State 49686 Zip

Employer Phone: 946-8900

Employer Fax:

Employer contact email address: dee.houghton@hilton.com

Date participant began work: 8/8/11 Job title: housekeeping

Average hours per week: 30 Hourly wage: \$8.00

Last day of employment (if no longer employed):

Reason for leaving (if no longer employed):

- Resigned (reason, if known)
Quit, no reason given
Temporary or seasonal position (employment no longer available)
Terminated

Verification completed by: Dee Houghton Print

Title: GM Print

Signature: Dee Houghton

Date: 10/18/11

10/19/11 mtr



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EXIT

Grantee: NORTHWEST MICHIGAN COUNCI...
Grant No: YB-19248-09-60-A-26
Class: 09
Contact: Lisa Anderson (231) 922-6507
Email: lmanderson@tbalsd.k12.mi.us

[View other Grant](#)

Robert Olman ([Edit](#))
Participant ID: YB18283
Cohort: October 2010
Team: TCAPS 2

[Participant Alerts](#) - 0 total
 [No current alerts \(\[add new\]\(#\) \)](#)

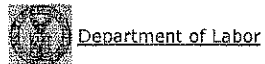
[Add New Case](#)
[Add New Service](#)

Request Case Deletion: [Add](#) | [Edit](#)
Status:

- [Summary](#)
- [Assessments & IDP](#)
- [Services](#)
- [Outcomes](#)
- [Follow-up](#)
- [Notes](#)
- [Exit](#)

Exit Overview [Update Exit Request](#) - OR - [Delete Exit Request](#)

Type of Exit:	Hard Exit
Date of Exit:	09/28/2011
Successful Exit:	Yes
Comments:	



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Grantee: NORTHWEST MICHIGAN COUNCI...
Grant No: YB-19248-09-60-A-26
Class: 09
Contact: Lisa Anderson (231) 922-6507
Email: lmanderson@tbaisd.k12.mi.us

OUTCOMES

Robert Olman ([Edit](#))
Participant ID: YB18283
Cohort: October 2010
Team: TCAPS 2

[Participant Alerts](#) - 0 total
 No current alerts ([add new](#))

[Add New Case](#)
[Add New Service](#)

Request Case Deletion: [Add](#) | [Edit](#)
Status:

- Summary
- Assessments & IDP
- Services
- Outcomes**
- Notes
- Exit

Outcomes Overview

Employment Placement
[Employer Management](#) | [Add New Employment Placement](#)

Delete	Employer Name	Employer Contact	Date of Placement	Last Date of Employment	Hourly Wage
X	Hampton Inn	Dee Houghton	08/08/2011		\$8.00
X	Specialty Millwork & Lumber	Marilynn Hinkle	05/19/2011	06/10/2011	\$9.00

Education Placement
[Education Management](#) | [Add New Educational Placement](#)

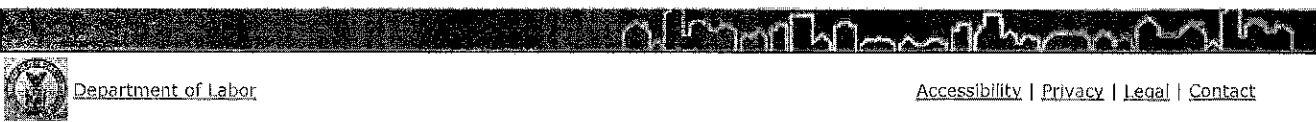
Delete	Institution/Organization Name	Date of Placement	Last Date of Education	Type of Program

Certificate/Degree
[Add New Certificate/Degree](#)

Delete	Certificate/Degree Attained	Date Entered	Date Attained	Name of Diploma
X	Attained a certificate in recognition of attainment of technical or occupational skills	10/01/2010	03/17/2011	NCCER Certification

Arrest/Re-adjudications/Re-incarcerations
[Add New Arrest/Re-adjudication](#)

Delete	Type	Date Re-adjudicated/Re-incarcerated/Violated





DIVISION OF:

TRAVERSE BAY AREA INTERMEDIATE SCHOOL DISTRICT



Employment Verification Form

To be completed by the employer

Please legibly print information, sign, and fax to 231-922-6325, attention Kim Gribi

Date Requested: 8-19-11

Participant Name: Robert Drake Olman

Employer Name: Hampton Inn

Employer Address: 1000 US 31 Traverse City MI 49686

Employer Phone: 231 946-8900 Employer Fax:

Employer contact email address: dee.houghton@hilton.com

Date participant began work: 8/8/11 Job title: house cleaning

Average hours per week: 36-40 Hourly wage: \$ 8.00

Last day of employment (if no longer employed): N/A

Reason for leaving (if no longer employed):

- Resigned (reason, if known)
Quit, no reason given
Temporary or seasonal position (employment no longer available)
Terminated

Verification completed by: Dee Houghton Title: General Manager

Signature: Dee Houghton Date: 8/22/11

890 Parsons Road • Traverse City, Michigan 49686 • (231) 922-6240

Serving Northwest Michigan • Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee & Wexford Counties

An Equal Opportunity Employer / Program Auxiliary aids and services are available upon request to individuals with disabilities Michigan Relay Center (800) 649-3777



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OUTCOMES

Grantee: [NORTHWEST MICHIGAN COUNCI...](#)
Grant No: YB-19248-09-60-A-26
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Contact: Lisa Anderson (231) 922-6507
Email: lmAnderson@nbaisd.k12.mi.us

Robert Olman ([edit](#))
Participant ID: YB18283
Cohort: October 2010
Team: TCAPS 2

Participant Alerts - 0 total
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[Add New Service](#)

Request Case Deletion: [Add](#) | [Edit](#)
Status:

- Summary**
- Assessments & IDP**
- Services**
- Outcomes**
- Notes**
- Exit**

* Denotes required fields.

Update Employment

Date of Placement *

Occupation at Placement *

Occupation Title (Optional)

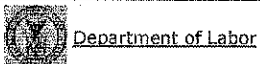
Employer Name * ([Add Employer](#))

Last Date of Employment

Hourly Wage \$ * (xx.xx)

Number of Hours Worked During the 1st Full Week *

Reason for Leaving Placement in Unsubsidized Employment



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Documentation Attached

Specialty Millwork & Lumber

2102 River Street
Jackson, MI 49202

Phone: 517-787-8381
Fax: 517-787-8369

Plant: 1757 Park Dr., Suite B, Traverse City, MI 49686

July 1, 2011

Re: Robert D. Olman

Job Title:	Machine Operator
Dates of Emp.:	5/19/11 - 6/10/11 Layed Off
Employers Name:	Specialty Millwork & Lumber
Employer Address:	1757 Park Dr., Suite B, Traverse City, MI 49686
Contact/Supervisor:	Robert VanVynckt - Mike Null
Hours per Week:	40
Wage:	\$9.00

If you need any further information please call.

Marilynn Hinkle
517-787-8381





1209 S. Garfield Ave., Ste C
Traverse City, MI 49686
1-800-442-1074
FAX: 1-231-922-3737

Date: 7/1/11

To: Mary Rose

Fax: _____ Pages: 1+cover

From: Dana

Re: Robert O. YouthBuild. info

Mary Rose Farrington

From: Thorington, Justin [ThoringtJu@tcaps.net]
Sent: Monday, June 13, 2011 3:20 PM
To: Mary Rose Farrington
Subject: FW: Robert Olman

From: RobertVanVynckt [mailto:bob@specialtymillwork.org]
Sent: Monday, June 06, 2011 12:37 PM
To: Thorington, Justin
Subject: RE: Robert Olman

General Laborer, May 2011, 1757 Park Dr. T.C. 49686, 40 Hrs/Wk, \$ 9.00 hr.
Bob Van Vynckt
Specialty Millwork & Lumber
231-499-2688
IN GOD WE TRUST

From: Thorington, Justin [ThoringtJu@tcaps.net]
Sent: Monday, June 06, 2011 9:59 AM
To: RobertVanVynckt
Subject: Robert Olman

Hi Bob,
I spoke with earlier earlier about Robert Olman. Can you please confirm this and the details about Robert's employment below? If you are hesitant or have any questions, please feel free to call or email during the week. Thanks!

Job Title:
Date of Employment:
Employer Name:
Employer Address:
Contact/Supervisor:
Hours per week:
Wage:

Best,

Justin G. Thorington
Program Coordinator - YouthBuild Traverse City
O: (231)933-5895
F: (231)933-5885
thoringtju@tcaps.net

MIS CASE EXIT FORM

Student Name: _____

1. Outcome Data (enter on Outcomes page)

Has all **Outcome** data been entered for this student?

Yes

- All attained degrees, diplomas (GED or HS Diploma), and certificates are entered.
- All current employment placements are entered.
- All current educational placements are entered.
- All recidivism records are entered.

**This needs to be done for all students that enter the program as youth or adult offenders at one year from the enrollment date (even if the student does not re-offend).*

No

2. Educational Data (enter on Basic Skills Overview page)

- All basic skills **Pre**-tests entered.
- All basic skills **Post**-test entered (*all students must be post-tested).

3. At Exit Contact info (enter into Case Overview page)

Phone (cell) _____

Phone (home) _____

Email address #1 _____

Email address #2 _____

4. Exit Type (enter on Exit page)

- Successful**
- Unsuccessful** (If unsuccessful, use program exit strategy)

Note: All grantees must have an exit policy on file and adhere to that policy in determining when and why to exit participants as unsuccessful. Systematically, you can wait as long as 90 days to unsuccessfully exit a student and should be encouraging the youth to return to the program if they have stopped appearing before deciding they are unsuccessful.

- Exit for Other Reasons**
 - Family care
 - Transferred or Relocated
 - Health / Medical
 - Deceased
 - Reservist called to active duty