

PITTSBURGH PARTNERSHIP WIA YOUTH FOLLOW-UP EVALUATION

Follow-up is required for a period of one year. Follow-up activity must be reported on a monthly basis. Submit with supportive documentation.

CONTRACTOR _____ **CONTACT DATE** _____

FIRST NAME _____ **LAST NAME** _____ **SSN** _____

Please check the appropriate item.

_____ Leadership Development & Supportive Services Activities

_____ Regular Contact with a Youth Participant's Employer
including Assistance in Addressing Work Related Problems

_____ Assistance in Securing Better Paying Jobs, Career Development
& Further Education

_____ Work Related Peer Support Groups

_____ Adult Mentoring

_____ Tracking the Progress of Youth In Employment after Training

EMPLOYMENT INFORMATION

Employed ___ Yes ___ No Company _____
Address _____

Start Date _____ Hours _____ Pay Rate _____

ACADEMICS

Graduate from High School? ___ Yes ___ No Graduation Date _____

Obtain a GED? ___ Yes ___ No Date received _____

Attending post-secondary training? ___ Yes ___ No Start Date _____
Where _____

Type of training _____

Graduation Date _____

Certificate: _____ Attached.

CONTRACTOR'S SIGNATURE