

## 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.

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**CONTRACTOR'S SIGNATURE**