

Participant Name:

NGSP Staff Name:

NEXTGEN PROGRAM END-OF-SERVICES (EOS)

FUTURE CAREER PLAN

VOS State ID:

EOS Date:

	ne End-of-Service (EOS)/Exit Date is the last articipant's transition into Follow-Up and m	date of service. This document must be completed in preparation for the just be signed before the EOS Date.			
• T	be completed and signed by the Participa	nt and NGSP Staff.			
QU	ESTIONNAIRE: (If needed, use addition	al pages to complete items below.)			
1.	What are your future plans?				
	Objective #1:				
	Objective #2:				
2.	What is the most important thing to you about having and keeping a job or being enrolled in school?				
3.	What major problem(s) could prevent you from reaching your goals?				
4.	What is your plan of action for overcoming this/these problem(s)?				
5.	How can your NextGen Service Provider/	Career Advisor assist you in staying on track with your career plans?			
6.	Do you have a support system (e.g. family, friends, relatives, etc) in place to assist you?				
7.	Do you need additional WIOA services to	assist you in reaching and achieving your educational or career goals?			
СО	NTACT INFO: (Provide information for t	two different people who may be contacted in order to reach you.)			
Name:		Name:			
Address:		Address:			
Telephone:		Telephone:			
101					
Em	ail:	Email:			

Participant Statement of Understanding

I am aware that I will be receiving Follow-Up services for one year after my EOS/Exit Date. I agree that I will maintain contact with my NextGen Service Provider (NGSP)/Career Advisor and inform them of any changes in work, school, address, or of any concerns that will affect my employment or education/academics during the Follow-Up period. 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 future career plans.

Participant Signature	Date	NGSP Staff Signature	Date	