

NEXTGEN PROGRAM END-OF-SERVICES (EOS)

FUTURE CAREER PLAN

The state of the s					
Participant Name:		vos	State ID:		
NGSP Staff Name:		EOS	EOS Date:		
The End-of-Service (EOS)/Exit Date is participant's transition into Follow-Up To be completed and signed by the Po	and must be signed b	efore the EOS		ed in preparation for the	
QUESTIONNAIRE: (If needed, use ac	<u> </u>		helow)		
1. What are your future plans?	ramonar pages 10 co	inpicie nems	DC10W1)		
Objective #1:					
Objective #2:					
2. What is the most important thing t	o you about having a	nd keeping a j	ob or being enrolled	l in school?	
3. What major problem(s) could prev	rent you from reaching	your goals?			
4. What is your plan of action for ov	ercoming this/these pr	oblem(s)?			
5. How can your NextGen Service Pr	ovider/Career Advisor	assist you in	staying on track wit	th your career plans?	
6. Do you have a support system (e.	g. family, friends, rela	tives, etc) in p	lace to assist you?		
7. Do you need additional WIOA ser	vices to assist you in r	eaching and a	ichieving your educ	ational or career goals?	
CONTACT INFO: (Provide information	on for two different r	people who n	nav be contacted i	n order to reach you.)	
Name:		Name:			
Address:		Address:			
Telephone:		Telephone:			
Email:		Email:			
Relationship:		Relationship:			
Participant Statement of Understanding I am aware that I will be receiving Followith my NextGen Service Provider (NGS any concerns that will affect my employinclude tutoring, counseling, mentoring, services needed to ensure the success of	SP)/Career Advisor and orment or education/acc ormployment referrals	d inform them ademics during s, other service	of any changes in g the Follow-Up per	work, school, address, or of riod. Follow-up services will	
Participant Signature	Date	NGSP Staf	ff Signature	Date	