

South Central Workforce **EXIT and PERFORMANCE** Form **Adult and Dislocated Worker**

Name:	Case #:
Exit Date:Exit Type: Unsubsidized Emplo	yment □ Retirement □ Self-Employed
☐ Exit Exclusion ☐ Miscellaneous ☐ Other:	
CREDENTIAL INFORMATION	
\Box Adult:	\Box Dislocated Worker:
\square Provided Training or Education	\square Provided Training or Education
\square If None , participant is <u>NOT</u> included in this or MSG mea	sure, skip the remaining Credential & MSG fields
Credentia	:
\Box Credential at Exit: \Box Occupational Certificate \Box G	ED 🗆 Diploma 🗆 Degree
\Box Credential expected to be <u>attained after exit</u> : \Box Occ. Cen	tificate \square GED \square Diploma \square Degree
\Box No credential pending or	expected after exit
MEASURABLE SKILLS GAIN (MSG	i) – DURING PROGRAM YEAR
☐ Provided <u>WIOA funded</u> Education or Training that lead	ls to a recognized post-secondary credential or
employment, i.e. Occupational Skills To	raining, Adult Education, etc.
\Box If None , participant is NOT included in this m	easure, skip the remaining MSG fields
Measurable Skil	s Gain:
\Box Increased EFL by one if receiving instruction below Postseco	ondary level
\square Secondary or Postsecondary Transcript showing progress	\square Satisfactory progress on Employment Milestones
\square Passage of Exam required for an occupation \square Progress A	ttained in Trade-Related benchmarks
 □ Credential already submitted. □ MSG already submitted. □ MSG uploaded □ Outcomes, Program Completion Touchpoint entered into □ Initial Follow-up Touchpoint entered into ETO. Submission 	<u>paded in ETO.</u> <u>In ETO.</u> ETO. Submission <u>not</u> required .
Comments:	
Case Manager or MIS Representative Signature	Date