



Adult Form at Exit
Unshaded Areas Completed by Participant

Fill out COMPLETELY for each client at exit. Keep a copy in client's file after Agent reviews it.

PA's Name: _____ Family ID: _____

1. Total number of lessons participant completed: _____ (Also enter this number on the entry form, question 13)
 2. Total Number of contacts or meetings that participant attended: _____ (Also enter this number on the entry form, question 14)
 3. Exit Reason: (circle)
 1. Educational objective met
 2. Returned to school
 3. Took job
 4. Family concerns
 5. Staff vacancy
 6. Moved
 7. Lost interest
 8. Other _____
(Specify)
 9. Other obligations
 - A. Lost contact with client
4. EXIT Date: _____

5. Name: _____
(First) (MI) (Last)

6. Did your family receive assistance as the result of a referral or suggestion from EFNEP staff?
_____Y _____N

If yes, check all that apply:

- | | |
|--|--------------------------|
| 1. _____ WIC/CSFP | 5. _____ Head Start |
| 2. _____ Food Stamps | 6. _____ Child Nutrition |
| 3. _____ FDPIR (Food Distribution Program on Indian Reservation) | 7. _____ TANF (WAGES) |
| 4. _____ TEFAP Commodities | 8. Other: _____ |

