



HIGH SCHOOL FOLLOW-UP FORM

for _____

GRADE _____ TODAY'S DATE _____

SCHOOL: _____ CAREER SPECIALIST: _____

STUDENT INFORMATION

Address: _____	Relative Contact: _____
_____	Relative Address: _____
Alternate Address: _____	Relative Phone: _____ Cell: _____
_____	Facebook: _____
Email Address: _____	Other: _____
Phone: _____ Cell: _____	_____

JOB PLACEMENT

Employer: _____	Employer's Address: _____
Supervisor's Name: _____	_____
Business Phone: _____	Insurance Provided? _____ YES _____ NO
Website: _____	Insurance Provider: _____
Current Wage: _____ Hours: _____ /WEEK _____ /MONTH	Other: _____
Position: _____	_____

SCHOOL/MILITARY PLACEMENT

Name of School/Military: _____	Contact: _____
Address of School/Military: _____	Email Address: _____
_____	Contact Phone: _____
Website: _____ Phone: _____	Date Started: _____
Field of Study: _____	Other: _____