

FOUR COUNTY AREA VOCATIONAL COOPERATIVE SENIOR EXIT INFORMATION

NAME _____ FCAVC PROGRAM _____

HOME PHONE _____ SCHOOL YEAR ATTENDED _____ INSTRUCTOR _____

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

ALTERNATE ADDRESS _____
STREET CITY STATE ZIP

1. PLANS AFTER GRADUATION:

- ATTEND COLLEGE: NAME OF INSTITUTION _____
AREA OF STUDY/TRAINING _____
- ATTEND VOCATIONAL/TECHNICAL SCHOOL
NAME OF INSTITUTION _____
AREA OF STUDY/TRAINING _____
- ATTEND OTHER TYPE OF TRAINING
EXPLAIN: _____
- ENTER MILITARY: BRANCH _____
- BEGIN WORKING FULL TIME (OR PART TIME)
PLACE OF EMPLOYMENT _____
ADDRESS _____
WORK TITLE AND DUTIES _____
- OTHER: EXPLAIN _____

2. TRAINING AT FOUR COUNTY AREA VOCATIONAL COOPERATIVE (USE REVERSE IF NEEDED)

A. PLEASE INDICATE STRENGTHS OF THE VOCATIONAL PROGRAM IN WHICH YOU PARTICIPATED.

B. PLEASE INDICATE ANY SUGGESTIONS FOR IMPROVEMENT OF THE PROGRAM IN WHICH YOU PARTICIPATED.

C. ADDITIONAL COMMENTS: