



**Women In Transition Participant
Follow-Up**

Name: <i>(Last, First, M.I.)</i>					Phone # ()	Alt Phone #
Address:	Street	Apt	City	Zip	E-mail @	Student ID#

Marital Status: Single Partnered Married Separated Divorced Widowed

Completed Women In Transition? Y N **Year** _____ **Campus** _____

Personal Story (What are you doing now?)

School: GED Tri-C Other Education _____

Credit Hours? How many _____ What school? _____

GPA _____ Any Scholarship offers rewarded _____

Other Training/ Enrichment program: Name of program _____

Currently enrolled or When completed _____ Name of Certificate Earned _____

Work : Part- time Full-Time Unemployed Retired Volunteer

Have you changed work status since WIT enrollment? Yes No

Name of Employer _____ Job Title: _____

Success Story :

Other Information :

Successes	
Improvement in Education? <input type="checkbox"/> Y <input type="checkbox"/> N
Improvement in Self Esteem?.....	... <input type="checkbox"/> Y <input type="checkbox"/> N
Improvement in Job?.....	... <input type="checkbox"/> Y <input type="checkbox"/> N
Promotions? <input type="checkbox"/> Y <input type="checkbox"/> N
Healthier Relationships? <input type="checkbox"/> Y <input type="checkbox"/> N
New Living Arrangements? <input type="checkbox"/> Y <input type="checkbox"/> N
Debt Improvement? <input type="checkbox"/> Y <input type="checkbox"/> N
Out of Debt? <input type="checkbox"/> Y <input type="checkbox"/> N
Updated Resume? <input type="checkbox"/> Y <input type="checkbox"/> N
Other? <input type="checkbox"/> Y <input type="checkbox"/> N

