



YA Student Termination Form

All information is required.

Youth Apprentice Name	Student ID#
First Day of Employment (mm/dd/yyyy)	Last Day of Employment (mm/dd/yyyy)
YA Consortium Name North Central Wisconsin School-to-Career Partnership	
High School Name	

Check the reason(s) that most accurately describe why the student is leaving the program:

1. Student changed career interests.
2. Student has chosen early graduation.
3. Student has quit school.
4. Student moved out of the school district.
5. Student has received unsatisfactory grades in course work.
6. Student is experiencing scheduling conflicts with work.
7. Student is experiencing scheduling conflicts with required YA classes.
8. Student is experiencing attendance and/or tardiness problems with worksite.
9. Student is experiencing attendance and/or tardiness problems with classes.
10. Employer is unsatisfied with work performance.
11. Employer is unsatisfied with attitude/initiative of youth apprentice.
12. Student did not successfully complete the required competencies.
13. Student did not successfully complete the required work hours.
14. Student did not successfully complete the required related instruction.
15. Other (when checked please describe)

Check that each of the parties below has been notified of or has been involved in the termination process. <input type="checkbox"/> Parents <input type="checkbox"/> Youth Apprentice <input type="checkbox"/> Employer <input type="checkbox"/> School Representative <input type="checkbox"/> YA Coordinator	
Date termination meeting was held (mm/dd/yyyy)	
YA Coordinator Name	YA Coordinator Phone Number
YA Coordinator Signature	Date Signed

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