

EXIT INTERVIEW FOR LEARNERS

Learner Name: _____

Tutor Name: _____

Date started program _____ Date leaving program _____

1. *In what way did this program help you?*

2. *What were your goals when you started this program?*

3. *Did you complete your goals? Please explain.*

4. *Why are you leaving the program? Check all that apply.*

- | | |
|----------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Health | <input type="checkbox"/> Successful experience, but ready for a new one |
| <input type="checkbox"/> Didn't enjoy work | <input type="checkbox"/> Other reasons, please specify: |
| <input type="checkbox"/> Lack of training | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Problem with location | <input type="checkbox"/> _____ |
| <input type="checkbox"/> No transportation | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Didn't feel competent | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Wasn't what I expected | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Too time-consuming | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Employment status changed | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Needed more support | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Reached my goals | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Tutor left program | |
| <input type="checkbox"/> Family responsibilities changed | |

If you are moving, where to: _____

Would you like a referral to another literacy program?

Name: _____ Date: _____

Person conducting exit interview