

**<<Program Name/Program Year>>
EXIT INTERVIEW**

Member's Name: _____ Date: _____

Team Supervisor's initials: _____ All responsibilities completed
_____ Team report turned in

Program strengths per member's experience: (member)

Program areas identified for improvement per member's experience: (member)

Summary of service provided by member and suggestions for future development: (Team Supervisor)

Member's Signature

Team Supervisor's Signature

Following items confirmed by program manager (initial):

- _____ End of Term/Exit Form completed (attached)
- _____ Résumé completed (2 attached)
- _____ Great Story (attached)
- _____ Health Fairs completed
- _____ Reach out and Read tasks completed (hours, report, stock)
- _____ Mentor packet (attached)
- _____ 1700 hours of service completed

Member initials (received) _____ Educational award information
_____ Student loan interest accrued form

Program Manager's Signature

Program Director's Signature