

Student Information Worksheet

Student Information

First Name: _____ MI: _____ Last Name: _____ DOB: _____

User ID: _____ Last 4 Digits of SSN: _____ Email Address: _____

Employee Address 1: _____

Employee Address 2: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____ Fax Number: _____

Company: _____

Job Title: _____

Company Address 1: _____

Company Address 2: _____

City: _____ State: _____ Zip: _____

Course Information

Class Name: _____

Class Date(s): _____

Instructor(s): _____

Education Level	Trade or Craft																					
Please Check One: <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College / Post High School Technical School <input type="checkbox"/> College Graduate <input type="checkbox"/> Masters Degree <input type="checkbox"/> PhD <input type="checkbox"/> N/A or Other	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Bricklayer</td> <td style="width: 33%;"><input type="checkbox"/> Boilermaker</td> <td style="width: 33%;"><input type="checkbox"/> Carpenter</td> </tr> <tr> <td><input type="checkbox"/> Cement Mason</td> <td><input type="checkbox"/> Electrician</td> <td><input type="checkbox"/> Glazier</td> </tr> <tr> <td><input type="checkbox"/> Iron Worker</td> <td><input type="checkbox"/> Laborer</td> <td><input type="checkbox"/> Mech. Contractor</td> </tr> <tr> <td><input type="checkbox"/> Operating Engineer</td> <td><input type="checkbox"/> Painter</td> <td>Plasterers</td> </tr> <tr> <td>Plumber</td> <td>Pipefitter <input type="checkbox"/></td> <td>Sheet Metal <input type="checkbox"/></td> </tr> <tr> <td>Teamster</td> <td>Technical Engineer</td> <td>Tuckpointer</td> </tr> <tr> <td>Roofer</td> <td>N/A or Other</td> <td></td> </tr> </table> <p>Status in Trade / Craft: Journeyman Apprentice N/A</p>	<input type="checkbox"/> Bricklayer	<input type="checkbox"/> Boilermaker	<input type="checkbox"/> Carpenter	<input type="checkbox"/> Cement Mason	<input type="checkbox"/> Electrician	<input type="checkbox"/> Glazier	<input type="checkbox"/> Iron Worker	<input type="checkbox"/> Laborer	<input type="checkbox"/> Mech. Contractor	<input type="checkbox"/> Operating Engineer	<input type="checkbox"/> Painter	Plasterers	Plumber	Pipefitter <input type="checkbox"/>	Sheet Metal <input type="checkbox"/>	Teamster	Technical Engineer	Tuckpointer	Roofer	N/A or Other	
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Course Evaluation (In an effort to improve our training, all comments positive or negative are encouraged)

	DISAGREE	NEUTRAL	AGREE	This Course Needs...								
1. This was an effective course	1	2	3	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">More slides</td> <td style="width: 25%;">More Video</td> <td style="width: 25%;">More Lecture</td> <td style="width: 25%;">More Detail</td> </tr> <tr> <td>Less slides</td> <td>Less Video</td> <td>Less Lecture</td> <td>Less Detail</td> </tr> </table>	More slides	More Video	More Lecture	More Detail	Less slides	Less Video	Less Lecture	Less Detail
More slides	More Video	More Lecture	More Detail									
Less slides	Less Video	Less Lecture	Less Detail									
2. I learned new ideas that will help me in my job	1	2	3	Additional Comments: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>								
3. The course content was easy to understand	1	2	3									
4. Good use of videos/slides/lectures	1	2	3									
5. The instructor was easy to listen to and understand	1	2	3									

6. I would recommend this course to others	1	2	3	Employee Signature	Date
7. The instructor knew the topic well	1	2	3		
8. I was satisfied with this course	1	2	3		

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