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

Please Check One:

- High School Graduate
- Some College / Post High School Technical School
- College Graduate
- Masters Degree
- PhD
- N/A or Other

Trade or Craft

- Bricklayer
- Cement Mason
- Iron Worker
- Operating Engineer
- Plumber
- Teamster
- Roofer
- Boilermaker
- Electrician
- Laborer
- Painter
- Pipefitter
- Technical Engineer
- N/A or Other

Status in Trade / Craft: ___________________________

Journeyman

Apprentice

N/A

Course Evaluation  
(In an effort to improve our training, all comments positive or negative are encouraged)

<table>
<thead>
<tr>
<th>DISAGREE</th>
<th>NEUTRAL</th>
<th>AGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>1</td>
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<td>1</td>
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</table>

This Course Needs...

Hands on Practice

More slides

More Video

More Lecture

More Detail

Less slides

Less Video

Less Lecture

Less Detail

Additional Comments:

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Company Address 1: ___________________________

Company Address 2: ___________________________

City: ___________________________ State: ___________________________ Zip: ___________________________
<table>
<thead>
<tr>
<th>Question</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. I would recommend this course to others</td>
<td></td>
<td></td>
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<tr>
<td>7. The instructor knew the topic well</td>
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<tr>
<td>8. I was satisfied with this course</td>
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</tbody>
</table>

Employee Signature ___________________________ Date __________

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