Training Facility Evaluation

Please rate your impression of the following factors about the facility you visited by checking the box beside the choice that most closely fits your feeling.

Client: _____ School: _____

School Representative: _____ Date: _____

1. LOCATION
   - ☐ very convenient
   - ☐ convenient
   - ☐ not very convenient
   - ☐ inconvenient

2. STAFF
   - ☐ very professional
   - ☐ professional
   - ☐ somewhat professional
   - ☐ unprofessional

3. SCHEDULING
   - ☐ very convenient
   - ☐ convenient
   - ☐ not very convenient
   - ☐ not at all convenient

4. MEETING YOUR NEEDS
   - ☐ very interested in meeting my needs
   - ☐ somewhat interested in meeting my needs
   - ☐ meeting my needs did not matter
   - ☐ not at all interested in meeting my needs

5. OBSERVE A CLASS
   - ☐ yes
   - ☐ no

5a. TEACHING STYLE - LECTURE
   - ☐ lecture seemed very interesting
   - ☐ lecture seemed easy to follow
   - ☐ lecture seemed a little hard to follow
   - ☐ lecture seemed very hard to follow

6. Is financial aid available? Yes ☐ No ☐

   a. What type of aid? Please check all that applies.

   ☐ PELL Grant

   ☐ Student Loan, if yes which one(s): _____

   ☐ Millennium Scholarship

   ☐ Workforce Investment Act (WIA)

   ☐ Ace Grant

   ☐ Others: _____

7. Cost of training, books, uniforms, licensing and other fees? Please attach a detailed summary of fees.

8. Is the training facility accredited? Yes ☐ No ☐

9. Is licensing required to obtain a job in this field? Yes ☐ No ☐

   a. Who needs to be contacted to get licensing information?

   _____

   _____

10. Overall interest in attending this training facility:

1	2	3	4
not interested			very interested

11. Please add any additional comments you may have about your experience visiting this facility:

_____

_____

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