

## WIOA Vocational Training School Questionnaire

Career Choice: \_\_\_\_\_

Name of School: \_\_\_\_\_

Person Contacted: \_\_\_\_\_ Phone #: \_\_\_\_\_

The next **three** start dates begin on: 1.) \_\_\_\_\_ 2.) \_\_\_\_\_ 3.) \_\_\_\_\_

And should graduate or complete by: 1.) \_\_\_\_\_ 2.) \_\_\_\_\_ 3.) \_\_\_\_\_

The Class Schedule is: \_\_\_\_\_

Days: \_\_\_\_\_ Hours: \_\_\_\_\_

The Total Cost of the training is: \_\_\_\_\_

Is Financial Aid offered? What type? \_\_\_\_\_

Is placement assistance provided? \_\_\_\_\_

I like this school because:

I *do not* like this school because: