

# Training Provider Research

**INSTRUCTIONS:** This worksheet will help you gather information about the training program you want to attend. To help you decide which program is best for you, complete a column for each of the available providers that you are considering. Try to use as many resources as possible including: (1) resource materials in or from the one-stop-center, (2) visits to the prospective programs, (3) interviews with current students, graduates, instructors, or administrators and (4) the school website.

<b>CUSTOMER:</b> _____	Provider: _____	Provider: _____
<b>DATE:</b> _____	Program: _____	Program: _____
1. When do the classes start?		
2. When is the application deadline?		
3. What are the program's entry requirements (feel free to attach school/program information)?		
4. Is this training a match for your learning style?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
5. Do you have the technology available for any class needs (computer, internet, email etc.)?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
6. Does our training program require you to practice various skills using equipment?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
7. How long does it take to complete?	_____ weeks/months/years	_____ weeks/months/years
8. What class schedule are you looking to attend?	<input type="checkbox"/> Weekdays <input type="checkbox"/> Combination <input type="checkbox"/> Evenings of Offerings <input type="checkbox"/> Weekend	<input type="checkbox"/> Weekdays <input type="checkbox"/> Combination <input type="checkbox"/> Evenings of Offerings <input type="checkbox"/> Weekend
9. Does this program, offer the schedule that you need? (weekday, evening, weekday, or flexible)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
10. How much does it cost to attend the program?	\$ _____ tuition and fees per # _____ semesters \$ _____ <b>total cost</b> <b>Other costs:</b> \$ _____ books \$ _____ supplies \$ _____ tools \$ _____ uniforms \$ _____ testing & licensing exams	\$ _____ tuition and fees per # _____ semesters \$ _____ <b>total cost</b> <b>Other costs:</b> \$ _____ books \$ _____ supplies \$ _____ tools \$ _____ uniforms \$ _____ testing & licensing exams
11. If you are attending at Technical College or University, are there other sources of financial aid available?	<input type="checkbox"/> Pell <input type="checkbox"/> Veteran Resources <input type="checkbox"/> HOPE <input type="checkbox"/> Senior Waiver <input type="checkbox"/> Other	<input type="checkbox"/> Pell <input type="checkbox"/> Veteran Resources <input type="checkbox"/> HOPE <input type="checkbox"/> Senior Waiver <input type="checkbox"/> Other
12. What degrees or certificates do students receive upon program completion?		
13. What percentage of students earn a credential or certification?	_____ % Credential Earned	_____ % Credential Earned
14. Does this training provider require you to take classes on resume building or interviewing strategies?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
15. What job placement assistance is provided by the school?	<input type="checkbox"/> Placement staff <input type="checkbox"/> Job Order Leads <input type="checkbox"/> Internships/Clinical Rotations <input type="checkbox"/> None	<input type="checkbox"/> Placement staff <input type="checkbox"/> Job Order Leads <input type="checkbox"/> Internships/Clinical Rotations <input type="checkbox"/> None
16. How far is the program from your home?	_____ miles / _____ minutes (each way)	_____ miles / _____ minutes (each way)
17. Will your car or transportation/ride plan get you to and from school reliably?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
18. If no, what is your alternative?		
19. Will you need to change your childcare arrangements if you attend this program?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no