

**JOBS AND EMPLOYMENT SERVICES DEPARTMENT  
PARTICIPANT QUESTIONNAIRE**

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Provider: \_\_\_\_\_ Contract Cycle: \_\_\_\_\_

Analyst: \_\_\_\_\_ Funding Year: \_\_\_\_\_

- WIA Participant                       WtW Participant                       CalWORKs Participant

1. What is the name of your Training Program?

\_\_\_\_\_  
\_\_\_\_\_

2. How did you learn about this training program?

\_\_\_\_\_  
\_\_\_\_\_

3. Would you describe the process you went through to enroll in this training?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Who decided the type of training and the school you would attend?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Did the provider give you a tour and/or an orientation to their school?       Yes       No

If yes, what was discussed? What kind of handouts or materials were you given? Describe

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

a) Did someone develop a Training Plan with you?       Yes       No

b) Were you given copies of forms you signed?       Yes       No

6. Did the provider tell you exactly what supplies, tools, books etc. were included as part of your training program?       Yes       No

a) If yes, Have you received any of these items?       Yes       No

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b) If yes, please indicate items received.

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7. Do you receive any financial assistance (PELL Grants, Loans, etc.).  Yes  No  
If yes, what type, the amount and when received?

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a) Is this training costing you anything out of pocket?  Yes  No  
If yes, please explain \_\_\_\_\_

8. Prior to the start of your training, what kinds of tests did the provider give?

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9. Do you have any disabilities that require special consideration?  Yes  No  
If yes, what reasonable efforts have been made to accommodate you?

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10. Describe the training you are receiving.

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a) After completion of your training, what type of job are you seeking?

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11. Do you consider these training facilities to be safe and free of hazards?  Yes  No  
If not, please explain.

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12. Have you ever been asked to participate in any political, union organizing or religious activities while in training?  Yes  No

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If yes, what type and how was it done?

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13. Is a record of your attendance kept?  Yes  No

If yes, how is your attendance kept?

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14. What kind of equipment and training material is used in the classroom? What do you get to keep?
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- a) Is there sufficient equipment/materials in the classroom for everyone?  Yes  No

If no, please explain.

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15. In your opinion, is the instructor qualified to teach this course?  Yes  No

Please explain:

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- a) Does your instructor give you feedback on your progress?  Yes  No  
b) Do you receive written evaluations?  Yes  No  
c) Is tutoring available if you have problems?  Yes  No

If yes, when, where, and how?

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16. Have you had any problems related to your training?  Yes  No

If yes, what type of problems?

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- a) Did anyone try to help you resolve these problems?  Yes  No

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b) If yes, what was done? By whom?

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c) Do you know that you have the right to complain and file a complaint/grievance against this provider and/or the Jobs and Employment Services Department?  Yes  No

If yes, who explained this and what is the procedure you would follow to file a complaint/grievance?

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d) Did you receive a copy of the providers' complaint/grievance policy?  Yes  No

17. Does your training meet your expectations? Do you like your training?  Yes  No

Please explain:

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18. Was your skill level tested during training?  Yes  No

a) If yes, when and how?

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19. Have you graduated/completed training?  Yes  No

a) If yes, when and did you receive a Certificate of Completion?

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b) If training is completed, have the job placement services been discussed with you?  Yes  No

Please Explain:

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c) If training not completed, when will you complete and will you complete your training as scheduled?

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Please Explain:

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20. Are you aware of the Job Placement Services offered by the County?  Yes  No

Please Explain:

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21. Do you have any questions, concerns, or suggestions about the training and/or services that you are receiving?

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22. The Jobs and Employment Services Department wants to ensure quality Customer Service is extended to our Customers. On a scale of one to ten (ten being the highest), what score would you give your training experience? \_\_\_\_\_

Please Explain:

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