

TRAINEE POST TRAINING WORKSHEET

Personal information you provide may be used for secondary purposes [Privacy Law, s 15.04(1)(m) Wis. Stats.] All information will be kept confidential, secure and used only to analyze enrollment patterns, ensure equal access to the program, and evaluate program effectiveness.

Name (first, middle initial, last):	
D.O.B. : (mm/dd/yyyy)	Social Security Number:
Completed Training: <input type="checkbox"/> Yes <input type="checkbox"/> No	End Date of Training: (mm/dd/yyyy)
Program Outcome:	<input type="checkbox"/> Completed <input type="checkbox"/> Withdrawn <input type="checkbox"/> Failed
Industry Recognized Certificate, Course Credits Accreditation Received:	
Program Outcome:	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Unknown
Employment Type:	<input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent
Employment Hours:	<input type="checkbox"/> Full-Time 32 or more hours per week <input type="checkbox"/> Part-time
Hourly Wage After Training: \$	Name of Employer:
Post Training Occupation:	