



Participant Questionnaire

Trainee: _____ Last 4 SSN: _____

Business: _____

WDD Staff: _____ Date of Interview: _____

Tell me about your work (What you do, hours, rate of pay, how often paid, etc.):

Have you been informed on who to speak to in case you have a work problem or complaint?

Yes No

Have you had any job and/or training problems? Yes No
(If yes, describe how the problem was solved?)

How would you rate the effectiveness of this training in preparing you for this occupation?

Great Fair Poor

Do you have any suggestions on how this program might be improved?

Who provided the training? Describe the training?

How do you keep track of your time and attendance?

Comments: