

CLASSROOM INFORMATION SURVEY

The information below will allow the PED & ATAC to understand how your Program does the Related Instruction for Apprenticeship Training.

If your program has more than one (1) registered SAC # please list each of them on a separate sheet. If you need more room per class information, attach on separate sheet.

Name of the Program: _____

Address of Program: _____

Contact Person: _____

Phone: _____ Fax: _____

SAC #: _____ Location of Classes: _____

Does your program partner with a Community College? _____ Yes, _____ No.

Name of partner College? _____

When are your classes scheduled?:

A. _____ Weekly at night, with _____ hours per class, Days of the: M – T – W – T – F
(circle class days)

Starting Date: _____, Ending date: _____.

B. _____ Weekly daytime, with _____ hours per class, Days of the: M – T – W – T – F
(circle class days)

Starting Date: _____, Ending date: _____.

C. _____ Saturdays daytime, with _____ hours per class.

Starting Date: _____, Ending date: _____.

D. _____ Block Training, with _____ hours per class.

Numbers of days for each class: _____, Weeks of classes per year : _____.

Dates for classes scheduled for the year: _____

Signature of Contact Person: _____

Title: _____ Date: _____