



**FLORIDA DEPARTMENT OF EDUCATION  
DIVISION OF VOCATIONAL REHABILITATION  
PRE-PLACEMENT TRAINING SURVEY**

Customer Name: \_\_\_\_\_

Customer ID Number: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Training Dates: \_\_\_\_\_

Phase 1 (Initial 20 Hours)

Phase 2 (Additional 20 Hours)

Please provide your responses to the following questions about your Pre-Placement training. Read the sentence and **check the answer** that shows how much you agree or disagree with the sentence.

1. The training gave me opportunities to ask questions and have discussions with the trainer.

Strongly Agree     Agree     Disagree     Strongly Disagree

2. The training helped me get ready for job interviews.

Strongly Agree     Agree     Disagree     Strongly Disagree

3. The training taught me ways to handle problems at work.

Strongly Agree     Agree     Disagree     Strongly Disagree

4. The training helped me with planning transportation to work, such as finding a bus route, or other ways to get to work.

Strongly Agree     Agree     Disagree     Strongly Disagree

5. The training helped with me with my specific needs.

Strongly Agree     Agree     Disagree     Strongly Disagree

6. I was given a 30 minute lunch break for any day I was in training over four (4) hours.

Strongly Agree     Agree     Disagree     Strongly Disagree

7. I feel like I am now ready to interview for and obtain a job.

Strongly Agree     Agree     Disagree     Strongly Disagree

8. Overall, the Pre-Placement Training I received was helpful.

Strongly Agree     Agree     Disagree     Strongly Disagree

Please let us know some of the things you liked about the training and why.

Please let us know some of the things you didn't like about the training and ways we can make it better.

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_