

COLORADO DEPARTMENT OF TRANSPORTATION OJT TRAINING QUESTIONNAIRE	Project No.:	Project Code (SA#):
	Project Location:	Date:

Contractor's Name:			
Trainee's Name:		Trainee's Classification:	
Trainee's Address:		Telephone No.:	
Gender:	Female	Male	Race: <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Am. Indian <input type="checkbox"/> Asian Am. <input type="checkbox"/> Other

Have you ever received any apprenticeship training under any type of program before beginning this program? Yes No
If yes, where?

When did you enter the current program? Month: Year:

In what type of training program are you enrolled?
 Colorado Contractor's Association Contractors OJT Program
 Union Apprenticeship Program Other:

How did you learn about the program?
 Contractor Community Based Organization
 Union Other:

When you entered your training, did anyone explain the program to you? Yes No
If yes, explain:

Did you receive a copy of your training program? Yes No

Which of the following aspects of the training program were explained to you?
 Training Hours Type of Training
 Training Wages Job Choices
 Entry Wages Other

Did you understand the training program discussed with you? Yes No
If no, explain:

What is your current stage of training?
 25% 60% 80% 90% Other

How many hours of training do you receive each week?
On-Job-Site Training: hours/week
Classroom Training: hours/week

Are you keeping a record of your training hours? Yes No

Do you believe proper training is being given? Yes No
If no, explain:

Does the job superintendent, trainer, or foreman show interest in helping you reach your goal of journeyman? Yes No

Do you have any problems that may interfere with your training? Yes No
If yes, explain:

Have you ever received any type of counseling from the apprenticeship counselor or another? Yes No
If yes, explain:

Do you know the name of your trainer? Yes No
If yes, what is the name of your trainer?

Interviewer's Signature:	Date:
Trainee's Signature:	Date: