Ohio GROWs Survey

1. Grant training classes I attended (please circle):
   Solar Photovoltaics Wind Technician Energy Efficiency

2. Location where I attended class(es): _____

3. I felt the training I received was (please circle):
   Excellent Good Average Poor

4. I am interested in receiving the NJATC Capstone certificate (please circle):
   Yes No

5. I am currently working in the field of (please circle):
   Solar Photovoltaics Wind Technician Energy Efficiency none of these listed

6. I am currently employed as a(n): _____

7. I am laid off from (type of position you held): _____

8. I was employed in an auto industry related position (please circle): Yes No in _____ County

9. I heard about the Ohio GROWs grant project from: _____

10. I needed and requested one or more of the following Support Services (please circle):

    Grief Counseling Child Care
    Marriage Counseling Adult Care
    Drug/Alcohol Counseling Remedial Academic Support/Tutoring

11. I received a referral for a Support Service(s) (please circle): Yes No

Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone: _____
Home Cell Work

Email: _____ County of Residence: _____

I understand that as an Ohio GROWs participant, I will be contacted throughout a two year period to determine if I am employed in the field for which I have received grant funded training. If my contact information changes, I will contact the Ohio GROWs office or my local JATC office with my new information.

_____
Signature *Date*

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