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[www.AACCNJ.com](http://www.AACCNJ.com)

## Customized Training Questionnaire

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

FEID# \_\_\_\_\_

Type of industry, business or job \_\_\_\_\_

1. How many employees, coworkers do you have? \_\_\_\_\_

2. (If applicable) Have you or any of your employees received free basic skills or literacy training in the State of New Jersey within the past 12 months?

(Yes) or (No) If yes when and where? \_\_\_\_\_

4. Does your business have a conference room or a space where employees can be trained?  
(If applicable) Circle (Yes) or (No)

5. Please circle the classes your company wish to offer and the number of participants per course.

- Sales Training # \_\_\_\_\_
- Building Customer Service Excellence # \_\_\_\_\_
- From Management to Leadership (*Transitioning Managers*) # \_\_\_\_\_
- Problem Solving - Communication Skills # \_\_\_\_\_
- Strategic Planning Skills # \_\_\_\_\_
- Leadership Practices in the 21st Century # \_\_\_\_\_
- Performance Management # \_\_\_\_\_
- Executive Development (*Executive Learning Series*) # \_\_\_\_\_
- Collaborative Leadership (*Talent Leadership Series*) # \_\_\_\_\_

How will the training focus improve the basic skills of frontline workers?

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Will the training result in a wage increase for trainees? How long?

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How will the training impact your job retention and job creation efforts?

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Will the training impact your job turnover ratio?

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How will the training impact your job retention and job creation efforts?

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