

TRAINING QUESTIONNAIRE ---

PARENT OR CARETAKER
BUTTE COMMUNITY COLLEGE
California State University Chico (CSUC)

STUDENT NAME:

TRAINING/EDUCATION INFORMATION

NAME OF SCHOOL:

Butte Community College
 California State University Chico (CSUC)
 Other Community Colleges _____

PROGRAM TYPE:

Associate Degree Master's Degree
 Bachelor's Degree Other _____

DATE THIS TERM BEGINS:

Month Day Year

DATE THIS TERM ENDS:

Month Day Year

PROFESSIONAL OR OCCUPATIONAL GOAL:

(State a type of job-not an area of study)

ANTICIPATED FINAL COMPLETION DATE:

(When all required training activities are completed to meet goal)

HAS THE PROFESSIONAL GOAL CHANGED SINCE THE LAST SEMESTER Y OR N

ARE ANY OF THE CLASSES YOU ARE ENROLLED IN THIS SEMESTER REPEAT CLASSES?

PLEASE LIST THE REPEAT CLASSES.

ARE ANY CLASSES INDEPENDENT STUDY, TELEVISED, OR INTERNET?

Butte College: ARE YOU APPLYING FOR OR RECEIVING A CARE GRANT? (WE WILL BE DOUBLE CHECKING WITH THE EOPS OFFICE) _____

Under penalty of perjury, I certify that the above information is true and correct. I hereby authorize the release of information to Valley Oak Children's Services regarding my education or CARE funding. Information will only be shared for purposes of determining eligibility for child care services and hour's services are required. Valley Oak Children's Services staff may obtain information from school staff or via the school web-site.

SIGNATURE OF PARENT OR CARETAKER:

DATE:

Attach a printout of the class schedule for this semester to complete this Training Verification Form.