

# Educational Training Information Worksheet

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Case number: \_\_\_\_\_ Family coach: \_\_\_\_\_

**Please answer the following questions and attach additional information if needed.**

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1. Name of training or educational program including name of school or agency:

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2. Length of training or educational program (in months):

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3. Will this training or educational program result in a certificate or diploma? If so, what will it be?

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4. Does this training or educational program have prerequisites? If yes, what are they?

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5. Does this training or educational program accept financial aid? If yes, have you or are you going to apply for financial aid and scholarships?

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6. Do you have limitations or need accommodations?

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7. Do you need child care while attending training or educational program?

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8. Do you need transportation while attending training or educational program?

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9. How can we support you to be successful at completing this training? (*ex.: other financial needs*)

Password: tanfpolicy