



PRE-TRAINING QUESTIONNAIRE

HAYES SOFTWARE SYSTEMS

Please fill out and send back 24 hrs before

Please fill this pre-training questionnaire out to the best of your ability. The more information we can provide our trainers ahead of the training session, the more successful your training will be. We thank you in advance for taking time to fill this out.

CONTACT INFORMATION:

Please provide information relevant to who will be available the day(s) of your training session(s).

District Coordinator: _____

Phone #: _____

Email: _____

Technical Support Person: _____

Phone #: _____

Email: _____

Misc. Person: _____

Phone #: _____

Email: _____

TRAINING FACILITY:

Building Name: _____

Address: _____

Misc. Instructions: _____

What is the seating layout*?
 Pods Theatre Perimeter

Is there an overhead projector? Yes No

Will the trainer need a district login & password?
 Yes No Other: _____

Who will provide this? _____

DISTRICT SPECIFIC PROCESSES:

BARCODING:

Are instructional materials barcoded? Yes No

Who prints the barcode labels? District Campus

What scanning hardware do the campuses use?

Attached Scanner (LS 2208)

Other: _____

INVENTORY POLICIES:

Are annual inventory audits conducted at each campus?

Yes No Other: _____

How does the district track book sets?

Track one item to represent an entire book set

Track each item within the book set

Other: _____

How are transfers of materials handled?

Campus > Warehouse Campus > Campus

Are packing slips required to be signed & returned?

Yes No N/A

DISTRIBUTIONS AT THE CAMPUS LEVEL:

Are items distributed by quantity or unique number?

Elementary Campuses:

Quantity Unique Number Both

Secondary Campuses:

Quantity Unique Number Both

GENERAL:

Will a district representative be present to answer district policy questions during training? Yes No

How many participants do you expect? _____

Specific topics to address: _____