

Please fill out and email back

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

ATTENDEE INFORMATION:

Please provide training attendee information.

Attendee: _____

Phone #: _____

Email: _____

Attendee #2: _____

Phone #: _____

Email: _____

Attendee #3: _____

Phone #: _____

Email: _____

Attendee #4: _____

Phone #: _____

Email: _____

Attendee #5: _____

Phone #: _____

Email: _____

Attendee #6: _____

Phone #: _____

Email: _____

**Additional Attendees? Provide us the list of attendees, complete with each attendee's first & last name and their email address.*

ADMINISTRATIVE SPECIFIC PROCESSES:

Select all responses that apply.

What type of items will you be tracking?

- Technology equipment Special education
 Audio Visual equipment Other _____

Who will be responsible for printing tags for items?

- Using fixed asset tags District Site

Do some or all existing items to be tracked have a unique bar coded tag number label? Yes No

Who will be responsible for tagging items?

- District staff Site staff Other _____

Who will be ordering items to be tracked in TIPWeb-IT?

- District staff Site staff Special Education

Other: _____

At what location(s) are items received from vendors?

- Site Central District Location

Who will receive items to the site?

- IT staff Site Office Staff District Level

Other: _____

To what level will items be tracked?

- Room Student Staff

Will items be transferred from site to site? Yes No

Where are items repaired?

- Onsite – Site Onsite – District Off Site

Are annual inventory audits conducted? Yes No

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: _____
