**TRAINING QUESTIONNAIRE**

**CONFIDENTIAL
INFORMATION**

**Training Coordinator
(NCO):** please complete for individual or group.

Please
E-mail this form as an attachment or print out and send to FSA’s office PRIOR to the course
date.

Name:

Position:

Agency/Company:

Tel: Fax: E-mail:

Please circle one: Police

Federal Military Civilian

1.
Name of the course requested:

2.
What are the dates preferred?

3.
What is the time frame needed?

4.
Where will the designated training area or facility be located?

5.
What are you expecting to accomplish once completing the course?

6.
What is the expected format of instruction for this program?

7.
Should emphasis be put on an individual or group training?

8.
Is there any type of training that is currently in use? Please specify (or provide manuals).

9.
Is there standard equipment currently in use? (Handguns, rifles, holsters etc.).

10.
Is a format testing and evaluation system required?

11.
Is a training manual required? If so, is there any format standard to follow?

12.
What will be the average class size?

13.
What is the age of the students?

14.
What is the level of education of the students?

15.
What type of previous physical preparation and training will the students have?

16.
Will periodical refresher training be required after completion of the original curriculum? How often?

17.
What type of emergency equipment is currently present on site?

18.
What type of liability protection will be provided for the instructors?

19.
What type of clearance will the instructors need, if any?