

### Employment Details

Organization Website:	Industry:
IT Manager:	Employee - Prospective Attendee:
E-mail Address:	E-mail Address:

### Identify Your Shift

<input type="checkbox"/> Day	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Night
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### Identify Your Status

<input type="checkbox"/> Permanent	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Term
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Please indicate if there are any special accommodations and resources that the SYS-ED instructor needs to be aware of in order to help you learn and get the optimal training outcome from this course. Specific identification and reference to Section 508 is required.

Instructions: Use a Number 2 pencil or dark (not red) ink to complete this form. Heavily darken the “box” that corresponds with your response.

### Familiarity and Installation Details

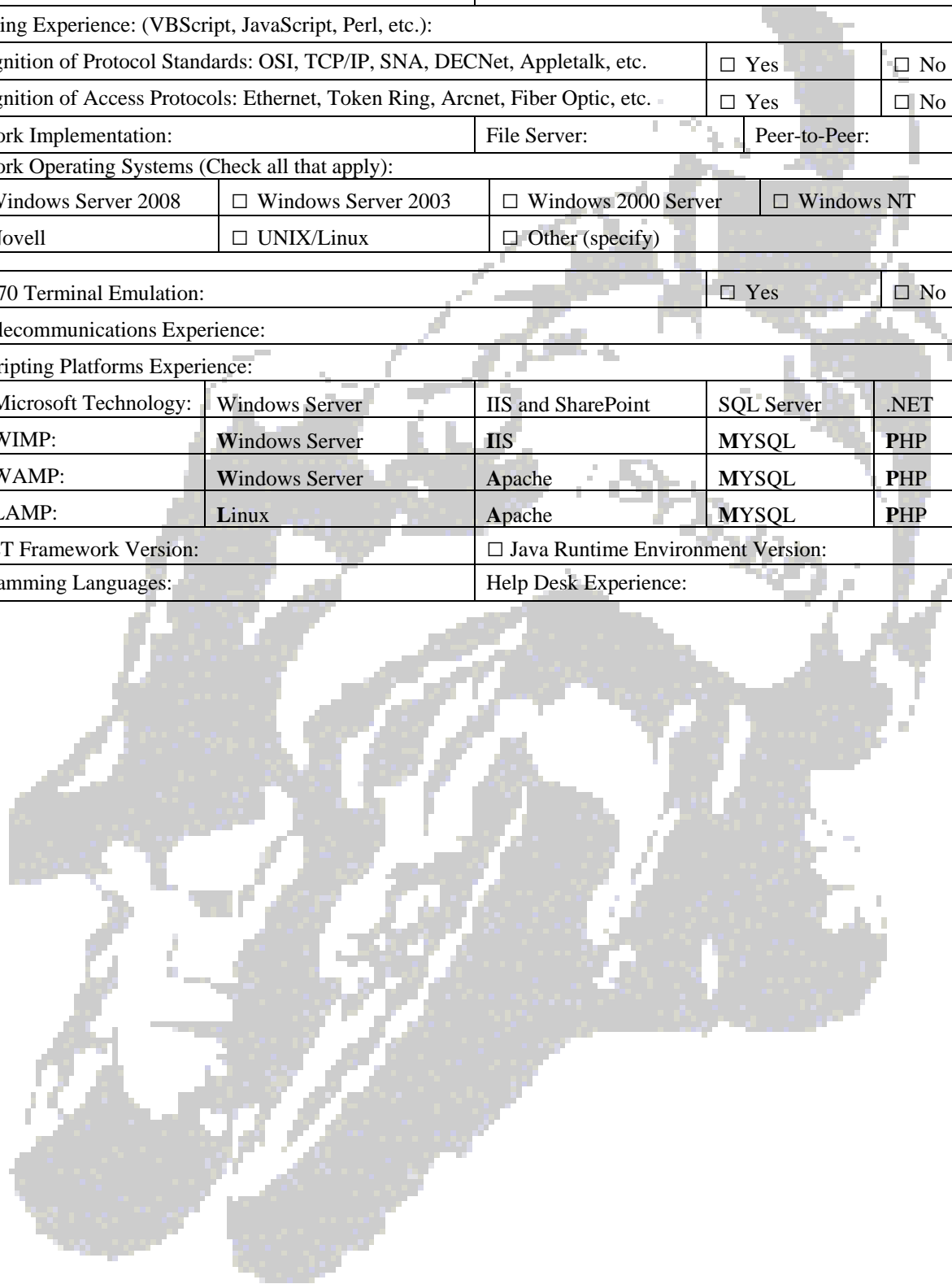
Hardware			Software			
Computer Brand(s):			Operating System(s) and Version (Check):			
NIC: Network Interface Card:			<input type="checkbox"/> DOS	<input type="checkbox"/> Linux	<input type="checkbox"/> UNIX	<input type="checkbox"/> Mac OS
			MS Windows			
Bus Architecture: (PCI, ISA/EISA, Microchannel, etc.):			<input type="checkbox"/> XP	<input type="checkbox"/> 2000	<input type="checkbox"/> 2003	<input type="checkbox"/> Vista
			<input type="checkbox"/> MS Office Suite		<input type="checkbox"/> STAR Office	
Item	Utilize	Brand(s)	<input type="checkbox"/> Google Apps		<input type="checkbox"/> Zoho	
Printers:	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> ThinkFree		<input type="checkbox"/> WordPerfect Lightning	
CD-Drive:	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Open Office Suite			
DVD-Drive:	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Web Browser Type and Version:			
Internet Access:	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> FrontPage or Dreamweaver:			
Sound Card:	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> E-mail / Contact Manager			
Scanner:	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Personal Database			
Zip Drive:	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Graphic Applications:			
USB Devices:	<input type="checkbox"/> Yes <input type="checkbox"/> No	1-	<input type="checkbox"/> Virus Software:			
		2-	3-	<input type="checkbox"/> XML Experience		

### Web Servers

<input type="checkbox"/> WebSphere	<input type="checkbox"/> WebLogice	<input type="checkbox"/> Oracle	<input type="checkbox"/> IIS	<input type="checkbox"/> Apache	<input type="checkbox"/> Other
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## Background in Internetworking

Computer Applications Experience (years):		Other Computer Systems:		
Scripting Experience: (VBScript, JavaScript, Perl, etc.):				
Recognition of Protocol Standards: OSI, TCP/IP, SNA, DECNet, Appletalk, etc.		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Recognition of Access Protocols: Ethernet, Token Ring, Arcnet, Fiber Optic, etc.		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Network Implementation:		File Server:	Peer-to-Peer:	
Network Operating Systems (Check all that apply):				
<input type="checkbox"/> Windows Server 2008	<input type="checkbox"/> Windows Server 2003	<input type="checkbox"/> Windows 2000 Server	<input type="checkbox"/> Windows NT	
<input type="checkbox"/> Novell	<input type="checkbox"/> UNIX/Linux	<input type="checkbox"/> Other (specify)		
<input type="checkbox"/> 3270 Terminal Emulation:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Telecommunications Experience:				
<input type="checkbox"/> Scripting Platforms Experience:				
<input type="checkbox"/> Microsoft Technology:	Windows Server	IIS and SharePoint	SQL Server	.NET
<input type="checkbox"/> WIMP:	Windows Server	IIS	MYSQL	PHP
<input type="checkbox"/> WAMP:	Windows Server	Apache	MYSQL	PHP
<input type="checkbox"/> LAMP:	Linux	Apache	MYSQL	PHP
<input type="checkbox"/> .NET Framework Version:		<input type="checkbox"/> Java Runtime Environment Version:		
Programming Languages:		Help Desk Experience:		



**Participant – Self Assessment/Acknowledgement**

I had the basic knowledge and skills necessary to begin this training.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have reviewed the course outline and performance objectives.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The performance objectives focus on either my current or projected future job tasks.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have reviewed the common questions from the SYS-ED websites.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have reviewed the self assessment questions from the SYS-ED websites.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Self Study – Preparation**

I have read the following books relating to this course:

1.	2.
3.	4.

I have availed myself of the following e-learning courseware relating to this training.

1.	2.
3.	4.

I have taken the following instructor-led courses related to this subject matter in the course that I will be attending:

Course Title or Subject Matter	Vendor	Year

**Charter: Instructor Qualifications / Availability to Participant**

I have reviewed the instructor’s biography for this course.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have sent via questions that I have regarding this course to the instructor via e-mail?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I need to schedule a telephone consultation with the instructor to discuss specific issues and questions that I have regarding this course.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Signature:**

Sponsoring Organization:			
Name of Employee (Printed):		Name of Manager (Printed):	
First:	Last:	First:	Last:
Business Telephone Number:		Business Telephone Number:	
After Hours Telephone Number:		After Hours Telephone Number:	
Address1:		Address1:	
Address2:		Address2:	
City:		City:	
State:	Zip:	State:	Zip:
Employee Signature:		Manager’s Signature:	
Date:		Date:	

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CALL: 564-9147	www.msnetworkstrainingbysysed.us	www.unixtrainingbysysed.us	Empire State Building
FAX: 212-967-3498	www.databasetrainingbysysed.us	www.xmltrainingbysysed.us	New York, NY 10118