

# Training Outcome Form

☐ Update

Student Name: \_\_\_\_\_

OFFICIAL USE: COE Report Year \_\_\_\_\_

Student ID: \_\_\_\_\_

Program: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Completion

### ☐ Graduate

A student who has demonstrated the competencies required for a program and has been awarded the appropriate credential.

### ☐ Non-Graduate

A student who has exited a program of the college prior to completion of a program certificate.

## Placement

### ☐ Related Employment

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company City, State, Zip: \_\_\_\_\_

Company Email: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Hire Date: \_\_\_\_\_

Starting Wage: ☐ \$15-19 ☐ \$20-24 ☐ \$25-29 ☐ \$30-34 ☐ \$35-39 ☐ \$40+

Related Skills: \_\_\_\_\_

### ☐ Continued Education External

Institution: \_\_\_\_\_

City, State: \_\_\_\_\_

### ☐ Continued Education Internal

(Another COE approved program at BTECH)

Program: \_\_\_\_\_

Anticipated Start Date: \_\_\_\_\_

### ☐ Seeking Employment

### ☐ Unrelated Employment

Company Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Hire Date: \_\_\_\_\_

### ☐ Refused Employment

### ☐ Military, Related

### ☐ Military, Unrelated

### ☐ Unavailable

☐ Temporary Health-Related, Self☐ Permanent Health-Related, Self☐ Health-Related, Family☐ Military Activation☐ Foreign Aid☐ Religious Services☐ Incarceration☐ Deceased☐ Other

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_