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**Vocational Incubator Program (VIP)**

**Initial Survey**

**Customer’s Name:**

**Business Intensive July 1st**

Business Intensive July 1st

**Telephone Number(s): Preferred Start Date:**

**VIP Program August 11th**

VIP Program August 11th

**Email Address:**

**Vocational Counselor: VR Case number:**

**Please rate the vocational training areas from 1 thru 7 (1 most interested & 7 lest interested).**

|  |  |  |
| --- | --- | --- |
| **Vocational Training Courses** | **Rating Number**  **(1 thru 7)** | **Comment(s)** |
| Business Planning |  |  |
|  |
| Business Software |  |  |
|  |
| Graphic Design |  |  |
|  |
| Heat Press |  |  |
|  |
| Computerized Embroidery |  |  |
|  |
| Retail Training |  |  |
|  |
| Music Technology  (Coming Soon) |  |  |
|  |
| Business Incubator |  |  |
|  |

***\*\*Please return this survey with your VIP application.\*\****

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