

SHRM ® Learning System Course Pre-Class Survey

Your instructors would like to make this course as valuable to you as possible. Your help in completing and returning this survey as soon as possible will help them better prepare to meet your needs.

Name: _____
Company: _____
Daytime Phone: _____

Job Title: _____
Course Start Date: _____
E-Mail Address: _____

1. What is your primary motivation for taking this course?

- | | |
|---|--|
| <input type="checkbox"/> PHR certification exam preparation | <input type="checkbox"/> SPHR certification exam preparation |
| <input type="checkbox"/> Improve current skills | <input type="checkbox"/> Job advancement |
| <input type="checkbox"/> General professional development | <input type="checkbox"/> Other: _____ |

2. How many years have you worked in the human resource field?

- | | | | |
|------------------------------|------------------------------|------------------------------|-------------------------------|
| <input type="checkbox"/> New | <input type="checkbox"/> 1-3 | <input type="checkbox"/> 4-6 | <input type="checkbox"/> 7-10 |
| <input type="checkbox"/> 10+ | | | |

3. What educational level have you attained?

- | | | |
|--|--|--|
| <input type="checkbox"/> High school | <input type="checkbox"/> Some college | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> Some college beyond bachelor's degree | <input type="checkbox"/> Master's degree | <input type="checkbox"/> MBA |
| <input type="checkbox"/> Doctorate | <input type="checkbox"/> Other: | |

4. At what level do you work?

- | | | | |
|-------------------------------------|--------------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> Plant | <input type="checkbox"/> Region | <input type="checkbox"/> Division | <input type="checkbox"/> Group |
| <input type="checkbox"/> Subsidiary | <input type="checkbox"/> Corporation | <input type="checkbox"/> Other: _____ | |

5. How many employees are at your location?

- | | | | |
|---------------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> Less than 10 | <input type="checkbox"/> 10-24 | <input type="checkbox"/> 25-49 | <input type="checkbox"/> 50-99 |
| <input type="checkbox"/> 100+ | | | |

6. Please select your business and industry classification from this list.

- | | |
|--|--|
| <input type="checkbox"/> Agriculture, forestry, fishing | <input type="checkbox"/> Health |
| <input type="checkbox"/> Manufacturing (non-durable goods) | <input type="checkbox"/> Real estate |
| <input type="checkbox"/> Manufacturing (durable goods) | <input type="checkbox"/> Educational services |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Government |
| <input type="checkbox"/> Utilities | <input type="checkbox"/> Construction and mining |
| <input type="checkbox"/> Wholesale/retail trade | <input type="checkbox"/> Oil and gas |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Library—corporate/public/academic |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Publications/newspaper |
| <input type="checkbox"/> Services (for profit) | <input type="checkbox"/> Independent consultant |
| <input type="checkbox"/> Services (not for profit) | <input type="checkbox"/> High-tech |
| <input type="checkbox"/> Other: | |

7. Please check the areas in which you have significant experience.

- | | |
|---|---|
| <input type="checkbox"/> HR generalist | <input type="checkbox"/> Employee relations |
| <input type="checkbox"/> Employment/recruitment | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Benefits | <input type="checkbox"/> EEO/affirmative action |
| <input type="checkbox"/> Compensation | <input type="checkbox"/> Human resource information systems |
| <input type="checkbox"/> Labor/industrial relations | <input type="checkbox"/> Research |
| <input type="checkbox"/> Training and development | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Organizational development | <input type="checkbox"/> Administrative |
| <input type="checkbox"/> Legal | <input type="checkbox"/> International HRM |
| <input type="checkbox"/> Health, safety, and security | <input type="checkbox"/> Diversity |
| <input type="checkbox"/> Employee assistance programs | <input type="checkbox"/> Other: _____ |

8. Of the above areas, which are weak for you?

9. In what area do you have special knowledge or expertise?

10. Please list specific issues that you would like to discuss in class.

11. Please describe in detail specific HR-related problems at work that you would like examined for possible solutions during this class.

12. What time of day is best for you to meet for class?

- 9-5 weekdays 4-6 p.m. weekdays 6-8 p.m. weekdays
 9-5 Sat. and/or Sun.

13. What location is best for you?

- Eastern Campus Mystic/Groton Campus On-site

Other comments: (Use back of form if needed)
