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Commonwealth of Virginia

Closed School Student Survey

Name _____

Address _____

City _____

Name and Location of School _____

Dates Attended _____

Date of Enrollment _____

Program Name _____

Cost of Program _____

Method of Payment _____

Was the cost of books, test vouchers and/or supplies included in your contract amount? _____

How many certification tests have you taken? _____

Please Identify _____

How many certification tests do you need for completion? _____

Please Identify _____

Identify on the reverse side of the form all courses taken.

Identify on the reverse side of the form all courses needed for completion.

Are you interested in completing your training? _____

If not, please state below what type of resolution you wish to pursue.
