



ANNEX 1.

PRE-ASSESSMENT FORM-VOCATIONAL TRAINING

Direction: Answer the following questions by checking the box and filling out the space provide for your answer as needed.

I. PERSONAL INFORMATION	
Name of family representative:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Complete Address:	Contact Number:
Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Live in	Age:
II. EDUCATIONAL BACKGROUND	
1. What is the highest level of education attained?	
<input type="checkbox"/> Elementary Graduate	<input type="checkbox"/> Elementary Undergraduate
<input type="checkbox"/> Highschool Graduate	<input type="checkbox"/> High school Undergraduate
<input type="checkbox"/> College Graduate	<input type="checkbox"/> College Undergraduate
<input type="checkbox"/> Vocational	
III. ECONOMIC INFORMATION	
1. Are you employed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Type of Work?	
3. Status of Employment?	<input type="checkbox"/> Regular <input type="checkbox"/> Part-Time <input type="checkbox"/> Contractual <input type="checkbox"/> Self-employed
4. What is the total amount of your monthly income?	<input type="checkbox"/> Less than 6,000 <input type="checkbox"/> PHP 3,000-6,000 <input type="checkbox"/> PHP 7,000-10,000 <input type="checkbox"/> PHP 11,000-15,000 <input type="checkbox"/> PHP 15,000 - above