



**EC Boston**  
**On-Site English Training Initial Questionnaire**

**Company contact info:**

Name of contact \_\_\_\_\_

Name of company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Student information:**

Which countries are they from? \_\_\_\_\_

Age range: \_\_\_\_\_

How long have they worked for you? \_\_\_\_\_

How do they usually commute to work? \_\_\_\_\_

Will this be a mandatory program for them? \_\_\_\_\_

What are the functions of the involved employees? What are their duties? \_\_\_\_\_

\_\_\_\_\_

Companies perceived difficulties of employees: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Scope:**

Total employees you'd like to involve \_\_\_\_\_

Predicted # of groups \_\_\_\_\_ Predicted # in a group \_\_\_\_\_

**Program duration and schedule:**

Will classes be ongoing or short term? \_\_\_\_\_

Starting when? \_\_\_\_\_

Desired number of hours per week \_\_\_\_\_

Can you give an example of an ideal schedule? \_\_\_\_\_

Will classes be held during or after work hours? \_\_\_\_\_

**Describe skills to be improved:** (reading/writing, reports, presentations, computer interaction, emails, phone calls, etc.)

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**Company goals for employees:**

Specific goals for these employees in relation to their function in the company: (ex. Promotions/transitions to other departments/job duties, etc.)

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To return the form:

Email: [boston@ecenglish.com](mailto:boston@ecenglish.com)

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If you have any questions, please call Jordan Hunt at 617-247-3033.