



WAGS 4 TAGS

TRAINER EVALUATION FORM

THANK YOU FOR YOUR INTERESTED IN TRAINING AT THE WAGS 4 TAGS TRAINING ACADEMY! LET'S GET STARTED:

PART I:

NAME: _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

CELL NUMBER: _____

OTHER CONTACT NUMBER: _____

EMPLOYER/IF APPLICABLE: _____

EMPLOYER'S WEBSITE (IF APPLICABLE): _____

REFERENCE CONTACTS (NAME & PHONE NUMBER):

1. _____

2. _____

PART II:

1. HOW LONG HAVE YOU BEEN TRAINING? (YEARS, MONTHS)

2. ARE YOU A CERTIFIED TRAINER? ____yes. ____no.
IF "no", SKIP SECTIONS A) AND B) AND GO TO #3.

A) WHAT CERTIFICATION(S) DO YOU HOLD?

B) WHERE DID YOU RECEIVE YOUR CREDENTIALS (WHAT
TRAINING SCHOOL OR ACADEMY)?

3. IF YOU ARE SELF-TAUGHT, WHERE AND HOW DID YOU
LEARN? (EXPERTS, DVDS, BOOKS, ARTICLES, VIDEO
TUTORIALS).

4. DO HAVE MEMBERSHIPS TO ANY GROUPS OR ORGANIZATIONS
(example CCPDT, APDT, NADOI) _____

PART III:

1. WHERE DO YOU TRAIN? (ex: private classes, group classes, at a
training facility, animal shelters) _____

2. DESCRIBE PREDOMINANT TRAINING METHODOLOGY: (ex. Positive,
praise, leash-pops, reward [food])

3. DESCRIBE TOOLS OR EQUIPMENT PREDOMINANTLY USED IN TRAINING: (ex., halt collar, shock collar, clicker, prong collar, etc.)

4. ARE YOU INTERESTED/WILLING TO LEARN OTHER METHODOLOGY(IES)?

5. ARE YOU INTERESTED IN/WILLING TO OBTAIN A/ANOTHER CERTIFICATION?

6. ARE YOU CERTIFIED TO TRAIN ANOTHER TRAINER? ____yes. ____no
IF "yes" PLEASE EXPLAIN:

7. IS THERE ANYTHING ELSE YOU WOULD LIKE TO SHARE WITH US ABOUT YOUR TRAINING BACKGROUND, EDUCATION OR EXPERTISE?

Signature

Date
