

METRO 4 INSTRUCTOR COURSE NEEDS CHECKLIST

Course Number/Name	
Course Location	
Course Dates	

Instructor Name	
Instructor Phone Number	
Instructor Fax Number	
Instructor E-mail Address	

GENERAL CLASSROOM SET-UP PREFERENCES

Layout	<input type="checkbox"/>	Classroom	<input type="checkbox"/>	Hollow Square	<input type="checkbox"/>	U-shape	<input type="checkbox"/>	Other
Front of Room	<input type="checkbox"/>	Podium and Table	<input type="checkbox"/>	Table Only	<input type="checkbox"/>			

AUDIO-VISUAL NEEDS

Item Needed?	Yes	No	Instructor to Provide	Metro 4 to Provide	Host Agency to Provide	Host Facility to Provide
Floor Microphone?						
Podium Microphone?						
Wireless Handheld?						
Lapel Microphone?						
Laptop Computer?						
Digital/LCD Projector?						
Overhead Projector?						
Slide Projector?						
VHS Player?						
DVD Player?						
TV/Monitor?						
White Board/Markers?						
Flip Chart/Markers?						
Other						
Other						
Other						

SPECIAL COURSE NEEDS AND NOTES

Please use this section to identify alternative room layout, days of the course that certain AV equipment is needed if not needed every day of the course, and any other special needs or comments.