



# Prospect Information Sheet

The First Step to Quality Assurance!

Date: \_\_\_\_\_ SSC, Office or Manager Name \_\_\_\_\_

Prospect Name: \_\_\_\_\_

Site Calling From: \_\_\_\_\_

On-site Source, Offer or Referral Name: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

(work) \_\_\_\_\_ (e-mail) \_\_\_\_\_

Trainer:                      Male                      Female

Area of town: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Days and Times Preferred: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Prospect Communications (SSC, PTC or CO forward a copy of this sheet or all info to the Trainer)

Date/Time	What
_____	_____
_____	_____
_____	_____

Trainer Placement Communications

Date/Time	Who	What
_____	_____	_____
_____	_____	_____
_____	_____	_____

Consultation:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Who: \_\_\_\_\_

Follow-Up Call:

Date: \_\_\_\_\_ Action: \_\_\_\_\_

Who Called: \_\_\_\_\_

Admin for PTC

\_\_\_\_\_ Lead Closed

\_\_\_\_\_ Lost Lead

\_\_\_\_\_ Date Reactivation file opened