

Training Plan

Title/Topic:		No.:	
Task(s):			
Target Audience:			
Prerequisite Skills:	<input type="checkbox"/> N/A		
Instructor(s) & Titles:			
Scheduled Date(s):			Time(s):
Time allocation(s):	___ weeks	___ days	___ hours ___ minutes
Frequency of training:	<input type="checkbox"/> Initial only <input type="checkbox"/> Initial & Refresher (<input type="checkbox"/> annual <input type="checkbox"/> _____)		
Main Message (<i>major points you want audience to remember</i>):			
1.			
2.			
3.			
4.			
5.			
Performance (or Learning) Objectives (<i>must be observable & measurable</i>): <i>After the completion of this training, the participants should be able to:</i>			
1.			
2.			
3.			
4.			
5.			
Agenda outline/Topics (<i>attach additional information, if necessary</i>):			
I.	Introduction & Performance Objectives, etc.		
Other requirements:			
A/V equipment needed: <input type="checkbox"/> N/A			
<input type="checkbox"/> Flip charts (#: _____)	<input type="checkbox"/> LCD Projector	<input type="checkbox"/> Laptop	<input type="checkbox"/> Overhead projector
<input type="checkbox"/> Speakers/Sound	<input type="checkbox"/> DVD player	<input type="checkbox"/> VHS player	<input type="checkbox"/> Screen
<input type="checkbox"/> Computers: <input type="checkbox"/> For all Participants (#: _____) -or- <input type="checkbox"/> # of stations: _____			
<input type="checkbox"/> Internet access? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other electronic equipment or materials? <input type="checkbox"/> N/A <input type="checkbox"/> _____			
<input type="checkbox"/> Other equipt.: _____ <input type="checkbox"/> Other equipt.: _____			

Physical Environment Requirements:	<input type="checkbox"/> Outdoors	<input type="checkbox"/> Indoors (location:_____)
<input type="checkbox"/> Free of obvious hazards	<input type="checkbox"/> Access to water and restrooms	
<input type="checkbox"/> Suitable climate/indoor air quality	<input type="checkbox"/> Adequate lighting	
<input type="checkbox"/> Adequate seating/work areas for participants	<input type="checkbox"/> Planned evacuation route & emergency exits	
Seating requirement:	<input type="checkbox"/> U-shaped	<input type="checkbox"/> Classroom <input type="checkbox"/> Other: _____

Training Aids		
Media: <input type="checkbox"/> N/A	Video:	
	Video:	
	CD/DVD:	
	CD/DVD:	
	Other:	
	Other:	
Handouts: <input type="checkbox"/> N/A	Title/Description:	
	Title/Description:	
	Title/Description:	
	Title/Description:	
Reference Materials: <input type="checkbox"/> N/A	Title	Author/Publisher

Instructional Strategies (based on Performance Objectives):		
Learning Objective (#/desc.)	Strategy	Props/Training Aids
	<input type="checkbox"/> Guided Discussion <input type="checkbox"/> Role Play <input type="checkbox"/> Learner Discovery <input type="checkbox"/> Demo/Practice <input type="checkbox"/> Lecture <input type="checkbox"/> Other: _____	
	<input type="checkbox"/> Guided Discussion <input type="checkbox"/> Role Play <input type="checkbox"/> Learner Discovery <input type="checkbox"/> Demo/Practice <input type="checkbox"/> Lecture <input type="checkbox"/> Other: _____	
	<input type="checkbox"/> Guided Discussion <input type="checkbox"/> Role Play <input type="checkbox"/> Learner Discovery <input type="checkbox"/> Demo/Practice <input type="checkbox"/> Lecture <input type="checkbox"/> Other: _____	
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	<input type="checkbox"/> Guided Discussion <input type="checkbox"/> Role Play <input type="checkbox"/> Learner Discovery <input type="checkbox"/> Demo/Practice <input type="checkbox"/> Lecture <input type="checkbox"/> Other: _____	
Testing Techniques:	<input type="checkbox"/> Written exam <input type="checkbox"/> Pre & Post Test <input type="checkbox"/> Verbal test <input type="checkbox"/> Skills check <input type="checkbox"/> Other: _____	
Evaluation Tools:	<input type="checkbox"/> Written <input type="checkbox"/> Verbal	Describe: _____

Completed by:		Title:	
Revision Date:		Supersedes:	

Trainer's comments & evaluation of training (changes, suggestions):			
Trainer's Name:		Date:	
Comments:			
Trainer's Name:		Date:	
Comments:			