

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 (major points you want audience to remember):			
1.			
2.			
3.			
4.			
5.			
Performance (or Learning) Objectives (must be observable & measurable): <i>After the completion of this training, the participants should be able to:</i>			
1.			
2.			
3.			
4.			
5.			
Agenda outline/Topics (attach additional information, if necessary):			
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"/>	Speakers/Sound	<input type="checkbox"/>	DVD player
<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
<input type="checkbox"/>	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: _____	
	<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: _____	
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:			