

Choosing Training (Training Needs Analysis)

Company Name:	Company Representative Name and Position:	Date(s) of Pre-Assessment:
<p>Training Topic(s) of Interest:</p> <ol style="list-style-type: none"> 1. 2. 3. 4. 5. <p>Additional Comments/Notes:</p>		
<p>What tasks can employees NOT DO that the course will train them to do? (Use action verbs, such as sell, delegate, and make).</p> <ol style="list-style-type: none"> 1. 2. 3. 4. 5. 		
<p>How many participants do you estimate will attend this training?</p>		
<p>Are most participants on the same level of experience/knowledge or are there significant differences in experience/knowledge?</p>		
<p>What is/are your preferred date(s) and time(s) for training? What days of the week work best for you and your employees?</p>		
<p>What specific productivity improvements do you expect from this proposed course? (Describe specific performance indicators, such as deadlines being met, increase in sales, quality improvements, morale boosted).</p>		
<p>How will these productivity improvements be measured? (Describe measures such as production costs, sales revenue, percentage defects or other performances improvements that can be easily measured).</p>		

We look forward to working out a custom training for you and your employees. Please complete and return this form to:

Jessica Lucas JLUCAS0013@KCTCS.EDU