

Training Needs Assessment

1. Contact Information

Client Name	Company/Organization	Address/Location
Phone Number	Email	

2. Identifying Skills & Knowledge Gaps

Type of Training Needed (Check all that apply)							
<input type="checkbox"/> Communication	<input type="checkbox"/> Quality	<input type="checkbox"/> Hard Skills /Soft Skills	<input type="checkbox"/> Team Building	<input type="checkbox"/> Manager/ Supervisor	<input type="checkbox"/> Leadership	<input type="checkbox"/> Compliance	<input type="checkbox"/> Safety
<input type="checkbox"/> Other (Please specify)							
Skills required for success?	What skills do learners already possess?	What skills do learners not possess? (New Skill?)					

3. Determine Why Training is Needed

How will the training(s) be used daily? (Check all that apply)						
<input type="checkbox"/> Communication	<input type="checkbox"/> Quality Assurance /Improvement	<input type="checkbox"/> Personal Responsibilities	<input type="checkbox"/> Workforce Morale/Bond	<input type="checkbox"/> Manager /Supervisor	<input type="checkbox"/> Compliance	<input type="checkbox"/> Safety
<input type="checkbox"/> Other (Please specify)						
Why is the training(s) valuable to your organization?						
How does the training(s) align with your organization's mission and vision?						
How will the training(s) improve functions across teams and departments?						
If employees don't receive the training(s), how will it impact your organization?						

4. Understand Who Needs to be Trained

Who is the training program designed for? (Check all that apply)							
<input type="checkbox"/> New Employee(s)	<input type="checkbox"/> Existing Employee(s)	<input type="checkbox"/> Manager /Supervisor	<input type="checkbox"/> Location /Site Specific	<input type="checkbox"/> Team /Department	<input type="checkbox"/> Admin	<input type="checkbox"/> Person /Client	<input type="checkbox"/> Community
<input type="checkbox"/> Other (Please specify)							
How soon does the training need to be completed? How quickly do learners need to obtain these skills?							
If training is for employee(s) – What is a realistic time frame for learning while considering current workload?							
Can you provide internal training materials/resources to assist in tailoring the training program to your needs?							
<input type="checkbox"/> Yes (please list)	<input type="checkbox"/> No	Materials:					

5. Training Accessibility

What is the format for the training program? (Check all that apply)				
<input type="checkbox"/> Live/In Person		<input type="checkbox"/> Remote/Online		<input type="checkbox"/> Hybrid (Live & Remote)
<input type="checkbox"/> Other (Please specify)				
What type of device (if any) will learners use to access the training program? (Check all that apply)				
<input type="checkbox"/> Desktop	<input type="checkbox"/> Laptop	<input type="checkbox"/> Mobile Phone	<input type="checkbox"/> Tablet	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Other (Please specify)				
Do you want learners to work through training program at their own pace?			If learners are employees, do you want them to access training program while actively working?	
<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
What about learner backgrounds need to be considered? e.g. – language requirement				
				<input type="checkbox"/> Not Applicable

Additional Notes Required for Training Program Development, Implementation & Feedback

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