



## Training Needs Assessment

To effectively develop a customized training program for your staff we'd like to identify the following information:

Project	
<b>Company Name:</b>	<b>Training Contact:</b>
<b>Address:</b>	<b>Location:</b>
<b>Project Manager:</b>	<b>Phone:</b>
<b>Phone Number:</b>	<b>Fax:</b>
<b>Cell:</b>	<b>Cell:</b>
<b>Email:</b>	<b>Email:</b>
<b>Anticipated Training Dates:</b>	

**Participant Profile: How many will be participating in the training?**

NUMBER OF EMPLOYEES TO BE TRAINED			
TYPE	1 <sup>ST</sup> SHIFT	2 <sup>ND</sup> SHIFT	3 <sup>RD</sup> SHIFT
Operators			
Mechanics			
Electricians			
Electronic Technicians			
Stationery Engineers			
Supervisors			
Other:			
Internal Trainers			
Do you have Internal Trainers?			
Would they be able to assist with this training?			
Would they be able to come to our plant for pre-training? For the FAT?			
Are you interested in a train-the-trainer session?			

**Current Technology:**

- Do you currently have any of our equipment on your production floor?  
If yes, what? Where is it?
- Have any of the trainees had any training or experience on this equipment, or a similar one?  
If so how much? (none, 0-6 months., 6 months – 1 year, more than a year)  
Operators\_\_\_\_\_ Mechanics \_\_\_\_\_ Electricians\_\_\_\_\_

**New Technology:**

To the best of your knowledge, is there any technology on our equipment that is new to those that will be trained?  
If yes, what is it?

**Current Skill Level**

Thinking of the current skill level of the employees to be trained please provide us with an estimate of their current skill level, using this guide:

**Unknown** – Uncertain about the participants skill level

**Level 1** – Low skill level – need to start with the basics; little to no prior experience

**Level 2** – Good Basic level – Have some prior packaging experience need only the specific of the equipment

**Level 3** – High skill level – Have solid experience with similar equipment before

Job Classification	Un known	1- Low	2- Basic	3 - High
Operators				
Mechanics				
Electricians				
Electronic Techs				
Others:				

**Skill Gaps:**

What would you say are the biggest skill gaps we'll encounter?

**Cultural Changes:**

Are there any cultural changes happening that we should be aware of?

**Training Grants:**

Do you currently have a training grant?

Are you interested in learning more about obtaining one?

**Special Needs:**

Do any participants have special needs that require accommodations? If so, what?

**Language:**

Do all participants speak English?  Yes  No  Read English?

If not, what language is spoken?

Will materials need to be provided in other languages? Explain.

**Available Resources:**

Please check off the facilities and training equipment that you have available for our training:

<input type="checkbox"/>	Classroom	<input type="checkbox"/>	Technical Learning Lab
<input type="checkbox"/>	Overhead Projector	<input type="checkbox"/>	Data Projector/screen
<input type="checkbox"/>	Flip Charts	<input type="checkbox"/>	White or Chalk Board
<input type="checkbox"/>	Access to the powered equipment during training		
<input type="checkbox"/>	Product for the equipment	<input type="checkbox"/>	Simulator

**Training Goals/Expectations**

To clarify training expectations, and support the success of this project, we'd like you to help us identify:

- Your expectations of us
- Our expectations of you
- Targeted training goals
- Follow up strategy

Who would be the best person to discuss this with?

Name \_\_\_\_\_

Title \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

**Contact Information:**

Name

Email address

Phone

Cell phone

Fax