**TRAINING NEEDS ANALYSIS RECAP**

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| **REQUESTOR INFORMATION** |
|  |
| Requestor Name |  | Requestor Role |  |
| Department |  |
| Preferred Contact Method (check all that apply) |  [ ]  Email [ ]  Microsoft Teams [ ]  Phone  |
| Email Address |  | Contact Number |  |
| Best Time to Reach | [ ]  Mornings (8 AM – 11 AM) [ ]  Afternoon (1 PM – 4 PM) [ ]  Evening (4 PM – 6 PM)  |

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| **SME INFORMATION (if different from above)** |
|  |
| SME Name |  | SME Role |  |
| Department |  |
| Preferred Contact Method (check all that apply) |  [ ]  Email [ ]  Microsoft Teams [ ]  Phone  |
| Email Address |  | Contact Number |  |
| Best Time to Reach | [ ]  Mornings (8 AM – 11 AM) [ ]  Afternoon (1 PM – 4 PM) [ ]  Evening (4 PM – 6 PM)  |

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| **ADDITIONAL STAKEHOLDER INFORMATION** |
|  |
| Name |  | Role |  |
| Department |  |
| Preferred Contact Method (check all that apply) |  [ ]  Email [ ]  Microsoft Teams [ ]  Phone  |
| Email Address |  | Contact Number |  |
| Best Time to Reach | [ ]  Mornings (8 AM – 11 AM) [ ]  Afternoon (1 PM – 4 PM) [ ]  Evening (4 PM – 6 PM)  |

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| **ADDITIONAL STAKEHOLDER INFORMATION** |
|  |
| Name |  | Role |  |
| Department |  |
| Preferred Contact Method (check all that apply) |  [ ]  Email [ ]  Microsoft Teams [ ]  Phone  |
| Email Address |  | Contact Number |  |
| Best Time to Reach | [ ]  Mornings (8 AM – 11 AM) [ ]  Afternoon (1 PM – 4 PM) [ ]  Evening (4 PM – 6 PM)  |

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| **ADDITIONAL STAKEHOLDER INFORMATION** |
|  |
| Name |  | Role |  |
| Department |  |
| Preferred Contact Method (check all that apply) |  [ ]  Email [ ]  Microsoft Teams [ ]  Phone  |
| Email Address |  | Contact Number |  |
| Best Time to Reach | [ ]  Mornings (8 AM – 11 AM) [ ]  Afternoon (1 PM – 4 PM) [ ]  Evening (4 PM – 6 PM)  |

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| **Who is the main contact person for this project?** |
|  |

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| **PARTICIPANT INFORMATION** |
| **What is the target audience for the training?**  [ ]  Individual [ ]  Group |
| **What is the role of the potential participant(s) – check all that apply** |
|  [ ]  New Team Member Clinical  |  [ ]  New Team Member Corporate  |  [ ]  Clinical Team Member |
|  [ ]  Corporate Team Member  |  [ ]  Clinical Leader  |  [ ]  Corporate Leader |
|  [ ]  Clinical Educator  |  [ ]  Corporate Educator  |  [ ]  Other  |
|  If other, please explain: |  |
| **Please provide any additional information about the participant(s)** |
|  |

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| **PROJECT INFORMATION** |
| **What organizational need(s) will be addressed by the training?** |
|  [ ]  New process or procedure  |  [ ]  Process or procedure changes / improvements  |
|  [ ]  Professional Development – Digital Literacy  |  [ ]  Professional Development – People Skills  |
|  [ ]  Professional Development – Business Acumen  |  [ ]  Professional Development - Leadership  |
|  [ ]  Performance Improvement  |  [ ]  Other  |
|  If other, please explain: |  |
| **Please share what led you to request the training (the need).** |
|  |
| **Please describe your desired outcomes for this training. What would you like participants to accomplish (behavior change) once they’ve completed this course?** |
|  |
| **What are your expected deliverables (please check all that apply)?** |
|  [ ]  Checklist (s)  |  [ ]  FAQ’s  |  [ ]  Quick Reference Guide  |
|  [ ]  Job Aid  |  [ ]  Participant Guide  |  [ ]  Facilitator Guide  |
|  [ ]  PowerPoint Deck |  [ ]  Interactive CBL  |  [ ]  Video |
|  [ ]  Website |  [ ]  Other: |  |
| **Please share additional details about desired delivery method(s) – check all that apply.** |
|  [ ]  Scenario based (character) | [ ]  Video footage (silent) | [ ]  Interactive (learner input) |
|  [ ]  Scenario based (animated) | [ ]  Video footage (narrated) | [ ]  Gaming |
|  [ ]  Graphics / Text | [ ]  Animated Infographic | [ ]  Other  |
| **Additional details about delivery method:** |
|  |

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| **PROJECT INFORMATION (continued)** |
| **Can this training be based on exiting offerings, or will this be a new course development?** |
|  [ ]  Existing Training |  [ ]  New Content Development |
| **If this training can be based on existing content, please indicate the course name:** |
|  |
| **If this training is replacing existing training, what evidence can you provide to support that the previous training was unsuccessful?** |
|  |
| **How will this training be delivered?** |
|  [ ]  Live Instructor Led (Classroom) |  [ ]  Virtual Interactive (vILT) |
|  [ ]  Virtual Presentation (webinar) |  [ ]  e-Learning (CBL) |
|  [ ]  Web Based Only (website) |  [ ]  Other |
| If other, please explain: |  |
| **If requesting a CBL, will this education be delivered on mobile devices?**  |  [ ]  Yes |  [ ]  No |
| **What participant reinforcement tools (if any) are needed?** |
|  [ ]  Graded Assessments |  [ ]  Knowledge Checks |
| **What is the desired due date?** |  |

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| **KEY STAKEHOLDERS / CONTACTS** |
| **Please select any needed stakeholder roles in this training initiative** |
|  [ ]  Project Lead (owns project / makes decisions) |  [x]  SME (answers questions / provides information) |
|  [ ]  Reviewer (s) |  [ ]  Reviewer (s) |
|  [ ]  Approver |  [ ]  Approver |
|  [ ]  Other | If other, please explain: |  |
|  |
| Project Leader Name |  | Project Leader Role |  |
| Project Leader Email Address |  |
|  |
| Subject Matter Expert Name |  | Subject Matter Expert Role |  |
| Subject Mater Expert Email Address |  |
|  |
| Reviewer Name |  | Reviewer Role |  |
| Reviewer Email Address |  |
|  |
| Approver Expert Name |  | Approver Role |  |
| Approver Email Address |  |
| **Please list additional stakeholders and contact information below:** |
| Stakeholder Name |  | Stakeholder Email Address |  |
| Stakeholder Name |  | Stakeholder Email Address |  |

**TRAINING NEEDS ANALYSIS RECAP**

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| **Please share links to any existing content that could assist in development:** |
|  |
| **Please share any additional information about the training request below:** |
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| **DEVELOPER OBSERVATIONS / RECOMMENDATIONS** |
| **Based on the information provided, it this course the best course of action?**  |  [ ]  Yes |  [ ]  No |
| **Please explain:** |
|  |
| **Developer Observations:** |
|  |
| **Developer Recommendations:** |
|  |

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| **Next Steps / Action Items:** |
|  |
| **Suggested Timeline:** |
|  |
| **Project Milestones / Due Dates:** |
| Milestone |  | Due Date |  |
| Milestone |  | Due Date |  |
| Milestone |  | Due Date |  |
| Milestone |  | Due Date |  |
| Link to Project Page: |  |

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| **ADDITIONAL NOTES** |
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