**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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**TRAINING NEEDS ANALYSIS RECAP**

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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) | | | | | | | | | 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:** | | |
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| **Developer Observations:** | | |
|  | | |
| **Developer Recommendations:** | | |
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| **Next Steps / Action Items:** | | | | |
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| **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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