



Training Needs Assessment

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

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

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

NUMBER OF EMPLOYEES TO BE TRAINED			
TYPE	1 ST SHIFT	2 ND SHIFT	3 RD 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