

Date _____

Training Needs Assessment

Church Name and Contact Information

Church Name: _____

Address: _____

Phone : _____

Person Requesting Training: _____

Phone: _____ E-mail: _____

Training Type (Title) and Time Length:

Workshop: _____

Retreat: _____

Seminar: _____

Date (s) of Training Event: _____

1. What are the main training objectives (e.g. work better on teams, improved communication)?
2. What main points should be emphasized?
3. Conditions under which training will be conducted
4. Available Resources (e.g. AV equipment, television, etc.)
5. Number of Participants
6. Please provide any other information that would be helpful (e.g. Church vision, goals, ministry description of the participants, etc.)