

Randall Resources International



WINDMILL LEADERSHIP
Renew Your Leadership Resources

PRE-PROGRAM ASSESSMENT

By providing the following information, you will ensure that we meet your specific programming / training needs. The information is kept confidential. Contact me if you have questions. Please email, fax, or mail the completed form to me as soon as possible.

Randall Resources International
ATTN: Kathleen or Jack Randall
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Suite 101-A
Cameron, MO 64429

EMAIL: admin@randallresourcesint.com
PHONE: 816-617-4825 or 816-617-4823
FAX: 816-632-2180

ORGANIZATIONAL INFORMATION

Organization: _____

Address: _____

City/State/Prov: _____ ZIP/PC: _____

WEB Site: _____ Contact E-mail: _____

Coordinator: _____ Phone #: (____) _____

Title: _____ FAX #: (____) _____

Alternate Contact: _____ Phone #: (____) _____

Additional persons the trainer should contact: _____

PROGRAM INFORMATION

Program Title / Topic Requested: _____

Program Date(s): _____ Alternate Date(s): _____
(Pending availability of Trainer)

Proposed Time of day: _____ a.m. _____ p.m. Number of Participants: _____

Proposed Length of Program: _____

ORGANIZATIONAL OVERVIEW

Describe the principle business activity of your organization:

Number of Employees: approx. _____

Number of Locations: _____

Recent Events and/or Changes: Describe recent events or changes in the organizational or business environment that may have had either a positive or negative impact on the perceptions of the program participants. (Such events or changes might include: mergers or acquisitions, changes in management, policy or procedural changes, a change of location, organizational reengineering, legislative or legal actions, a rapid growth or reduction in staff.)

Describe major accomplishments of this group in the last year:

Are there topics that should not be addressed or areas that may be sensitive?

PROGRAM GOALS

What is the main objective the organization wants to accomplish with this program?

Why are you conducting this program / training? How did you identify the need?

What specific topics or areas do you want covered in the program / training?

What would you like participants to be able to do after the program / training that they currently are not doing? What are your desired outcomes of the program / training?

How will this program / training improve the productivity of the participants?

How will the success of the program / training be determined? When the program / training is complete, what will have had to have happened for you to consider it a success?

In the past, what has made training successful for this group?

PARTICIPANT PROFILE

List the job functions or titles of the participants

What is the education level of the participants?

What kind of program / training have the participants had in the last two years?

Is attendance: Optional _____ Mandatory _____

What are the participants' expectations and/or attitudes about this training?

Thank you for taking time to complete this pre-program assessment.

Please email, fax, or mail the completed form to me as soon as possible.

We look forward to working with you

to ensure that this program / training is a success!