

# Training Planning Form

Section Title: \_\_\_\_\_

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Number of Participants: \_\_\_\_\_

## Space Checklist:

- Wheelchair accessible
- Appropriate size
- Space is flexible in seating and movement
- Lighting is adequate
- Good acoustics
- Food ordered (special diets?)

## Equipment Checklist:

- Overhead projector
- VCR/Monitor (or computer/LCD projector and screen)
- Flip Chart/Black board
- Easel
- Markers
- Extension cord
- Extra batteries or bulbs

## Materials Checklist:

- Curriculum Guide
- Pre/Post Knowledge Surveys
- Agenda
- Handouts
- Transparencies
- Name Tags
- Pens/Pencils
- Suggested activity materials
- Resource books/articles
- Evaluation forms
- CEU forms, as appropriate
- Mileage forms, as appropriate
- Certificates of Completion

## Notes & Comments: