

**STAFF DEVELOPMENT NEEDS ASSESSMENT  
TRAINING PLAN RELATED TO PERFORMANCE**

Name: \_\_\_\_\_ Center Position: \_\_\_\_\_ Date: \_\_\_\_\_

**Answer the following questions with regard to your position and center duties.  
Questions 1 - 4 are optional unless circled, or you are new to your position.**

1. What skills do you believe are necessary to do your job? \_\_\_\_\_  
\_\_\_\_\_
2. Are you comfortable performing your current job? If not, please explain and suggest training activities: \_\_\_\_\_  
\_\_\_\_\_
3. What, if anything, is frustrating or difficult about your job? Can you describe why or suggest solutions? \_\_\_\_\_  
\_\_\_\_\_
4. What additional knowledge and skills would be helpful to you in performing your job? \_\_\_\_\_  
\_\_\_\_\_
5. What areas would you like to improve in your job performance? Do you have ideas on how to make these improvements? \_\_\_\_\_  
\_\_\_\_\_
6. What type of training do you prefer (ex: lectures, self-study, group workshops, coaching, peer tutoring, small groups, etc.)? \_\_\_\_\_  
\_\_\_\_\_
7. What are your short-term and long-term goals regarding your work with Head Start? Please consider what you like to be doing in three years, related to Head Start? \_\_\_\_\_  
\_\_\_\_\_
8. Do you have any suggestions for future trainings or events? \_\_\_\_\_  
\_\_\_\_\_
9. Note here any trainers that you would like to see: \_\_\_\_\_  
\_\_\_\_\_

**TRAINING COMMITMENTS:**

- \_\_\_\_\_ Attend all inservices
- \_\_\_\_\_ Attend \_\_\_\_\_ special events or workshops (Detail: \_\_\_\_\_)
- \_\_\_\_\_ Visit other center, establishing a peer mentor relationship with \_\_\_\_\_ (Note center & staff names)
- \_\_\_\_\_ Read professional literature (books, magazines, journals) Detail: \_\_\_\_\_
- \_\_\_\_\_ Enroll in a class (Detail: \_\_\_\_\_)
- \_\_\_\_\_ Join or remain a member of a professional organization (Note name(s): \_\_\_\_\_)
- \_\_\_\_\_ Advocate for children and families by \_\_\_\_\_
- \_\_\_\_\_ Share in our mission by \_\_\_\_\_
- \_\_\_\_\_ Complete training activities listed below:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature  
(noting review related to performance evaluation)

\_\_\_\_\_  
Date

*Part II*

**Training Plan for use in specific situations and for employees with Performance Issues**

This section allows extra space for notes about future plans and suggestions related to training and increased supervision. Some suggested activities may not be practical or appropriate.

Effective Date \_\_\_\_\_ - \_\_\_\_\_  
start (3 or 6 months)

List key staff members who are resources.

\_\_\_\_\_

Briefly describe how training activities will relate to weakness / problems observed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Activities to be considered in addition to general increased supervision:

- Performance Notes (adm.prfnt) weekly
- Workplace tools such as checklist, visual reminders
- Change in schedule or supervisor
- Consult with Training Manager related to workshops/video resources/books/support groups
- Attend \_\_\_\_\_ special events or workshops (Detail: \_\_\_\_\_ )
- Visit other center, establishing a peer mentor relationship with \_\_\_\_\_
- Read professional literature (books, magazines, journals)  
Detail: \_\_\_\_\_
- Other: \_\_\_\_\_

\_\_\_\_\_  
Employees Signature

\_\_\_\_\_  
Supervisor Signature