



**SPECIALIZED OLTD REQUEST FOR TRAINING**

*One form per training request*

Title of Requested Training: \_\_\_\_\_ Date Form Completed: \_\_\_\_\_

Area/Unit Requesting Training: \_\_\_\_\_ Area/Unit Contact Person: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Number of Participants: \_\_\_\_\_ Type of Staff:  Merit Comp  Bargaining Unit  Both

I) List specific issues which precipitated this request.  
 \_\_\_\_\_  
 \_\_\_\_\_

II) What caused the issues?  
 \_\_\_\_\_  
 \_\_\_\_\_

III) Are there any other areas/units affected by these issues?  YES  NO If yes, please list.  
 \_\_\_\_\_  
 \_\_\_\_\_

IV) What goal is this learning experience intended to support?  
 \_\_\_\_\_  
 \_\_\_\_\_

V) What do the learners need to be doing in the future that they may not be doing now, if this goal is to be achieved?  
 \_\_\_\_\_  
 \_\_\_\_\_

VI) What absolutely must learners know in order to meet the objectives of the training topic?  
 \_\_\_\_\_  
 \_\_\_\_\_

VII) After training has been delivered, how will the principles learned be reinforced?  
 \_\_\_\_\_  
 \_\_\_\_\_

VIII) Please list any reasonable accommodations needed.  
 \_\_\_\_\_  
 \_\_\_\_\_

**FOR OLTD STAFF USE ONLY**

Curriculum: Existing Presentation  Existing with Focused Interest  Tailored

Trainer(s): \_\_\_\_\_ Support: \_\_\_\_\_

Date(s) of Training: \_\_\_\_\_ Training Location: \_\_\_\_\_