This worksheet assists with developing a plan to train staff in the research-based treatment you are implementing. If needed, refer to the *Evaluating Training Requirements* worksheet completed in the previous phase to ensure that any training requirements that may exist are incorporated into the training plan.

1. Will you be using a train-the-trainer model (e.g., one person or a small group of people receive training from an outside trainer and then they train the rest of the staff in their agency)?

|  |  |
| --- | --- |
| Yes | * Complete the External Training Plan only for staff who will be trained outside of the agency and the Internal Training Plan for staff who will be trained within the agency |
| No |  |

1. Where is training going to be delivered?

|  |  |
| --- | --- |
| Outside of the agency |  |
| Within the agency |  |

|  |
| --- |
| **External Training Plan** |

***Staff Involved***

1. What staff will be trained? (Select all that apply. For agencies with less than 10 individuals in each staff role being trained, please list the name of staff who will be trained)

|  |  |
| --- | --- |
| Direct providers : |  |
| Supervisors : |  |
| Agency leaders: |  |
| Support staff: |  |
| Other: |  |

1. How many staff will be trained?
2. Who will be providing the training?

***Preparation***

1. Will staff be required to prepare for training outside of the scheduled training sessions?

(i.e., reading materials or practicing with client)

|  |  |
| --- | --- |
| Yes | No |

*If staff will be required to prepare for trainings, please complete question 2. Otherwise, proceed to the* ***Scheduling Training*** *section.*

1. What type of preparation will staff do outside of the scheduled training sessions? (Select all that apply)

|  |  |  |
| --- | --- | --- |
| Reading materials | Practicing with clients | |
| Watching videos | Role play with staff | |
| Online training or modules | Other: |  |

1. If staff will be required to prepare for training outside of the required training sessions, when will the preparation work occur?

***Scheduling Training***

1. Please list the name and title of the person/people who will be responsible for scheduling training(s).
2. Have the training times been predetermined by the external trainer?

|  |  |
| --- | --- |
| Yes | No |

* 1. When will trainings occur?

1. Will staff be trained outside of regularly scheduled meetings or training sessions?

|  |  |
| --- | --- |
| Yes | No |

1. When are most staff available to be trained? (i.e., mornings, evenings, weekends)
2. When will it be most cost-effective to hold trainings? (i.e., when staff will miss the least amount of client sessions)
3. Will staff need to have their client sessions covered in order to attend training?

|  |  |
| --- | --- |
| Yes | No |

* 1. If so, who will cover client sessions for the staff being trained?

1. Please complete the following details for each training session that will occur. Use the information from question 4-6 to help schedule trainings.

|  |  |  |  |
| --- | --- | --- | --- |
| **Training Date** | **Training Time** | **Location** | **Duration of Training Session** |
|  |  |  |  |

1. Will make-up training sessions be offered for staff who aren’t able to attend the scheduled sessions?

|  |  |
| --- | --- |
| Yes | No |

* 1. If so, when will make-up sessions be offered?
  2. Where will make-up sessions be offered?

***Travel***

1. Will staff be traveling for training?

|  |  |
| --- | --- |
| Yes | No |

1. Who will organize the travel plans?

1. When will travel arrangements be made?
2. What staff will be traveling for training? (Select all that apply. For agencies with less than 10 individuals from each staff role who will be traveling, please list the name of staff who will be trained)

|  |  |
| --- | --- |
| Direct providers : |  |
| Supervisors : |  |
| Agency leaders: |  |
| Support staff: |  |
| Other: |  |

1. How many staff will be traveling?
2. Where will they travel to?
3. What dates will staff be traveling?

|  |  |  |  |
| --- | --- | --- | --- |
| Departing: |  | Returning: |  |

1. How will staff be traveling?

***Maintenance of Training***

1. Who will oversee the maintenance efforts? (Select all that apply and list the name of each person involved)

|  |  |
| --- | --- |
| Direct providers : |  |
| Supervisors : |  |
| Agency leaders: |  |
| Clinical Directors: |  |
| Support staff: |  |
| Outside trainer: |  |
| Other: |  |

1. What type of maintenance efforts will occur? (Select all that apply)

|  |  |  |
| --- | --- | --- |
| Ongoing consultation | Booster sessions | |
| Supervision upon request | Submission of videos | |
| Submission of materials | Other: |  |
| Regular supervision |  | |

1. When will maintenance efforts begin?
2. How frequently will maintenance efforts occur? (Select all that apply)

|  |  |
| --- | --- |
| Upon request | |
| Intermittently | |
| Regularly (list frequency): |  |

***Sustained Use***

1. Will training in this new strategy/intervention be offered for new employees after the initial training?

|  |  |
| --- | --- |
| Yes | No |

*If new employees will not be trained in the new strategy/intervention, please stop here.*

1. Will training of new staff differ from the initial training plan for current staff?

|  |  |
| --- | --- |
| Yes | No |

1. If so, please describe the training plan for new staff.

|  |
| --- |
| **Internal Training Plan** |

***Staff Involved***

1. What staff will be trained? (Select all that apply. For agencies with less than 10 individuals being trained in each role, please list the name of staff who will be trained)

|  |  |
| --- | --- |
| Direct providers : |  |
| Supervisors : |  |
| Agency leaders: |  |
| Support staff: |  |
| Other: |  |

1. How many staff will be trained?
2. Who will deliver training? (Select all that apply and list the name of each trainer)

|  |  |
| --- | --- |
| Direct providers : |  |
| Supervisors : |  |
| Agency leaders: |  |
| Support staff: |  |
| Outside trainer: |  |
| Other: |  |

***Training Model***

1. What training model will be used? (Select all that apply)

|  |  |  |
| --- | --- | --- |
| Didactics | On-the-job training | |
| Workshop/ Seminars | Educational brochure/handout | |
| Online training | Other: |  |

1. What training strategies will be used during trainings? (Select all that apply)

|  |  |  |
| --- | --- | --- |
| Behavior rehearsal | Active participation | |
| PowerPoint presentations | Role playing | |
| Modeling | Reading materials | |
| Group practice activities | Watching videos | |
| Individual practice activities | Supervision | |
| Shadowing | Other: |  |

1. What materials will be provided for staff during the training? (Select all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| Manuals | Toolkits | | |
| Handouts/Brochures | Technology devices: | |  |
| Guidelines | Other: |  | |
| Videos | | | |

1. Who will be responsible for developing and/or obtaining training materials?
2. When will materials be developed and/or obtained?

***Preparation***

1. Will staff be required to prepare for training outside of the scheduled training sessions? (i.e., reading materials or practicing with clients)

|  |  |
| --- | --- |
| Yes | No |

1. What type of preparation will staff do outside of the scheduled training sessions? (Select all that apply)

|  |  |  |
| --- | --- | --- |
| Reading materials | Practicing with clients | |
| Watching videos | Other: |  |
| Online training or modules |

1. If staff will be required to prepare for training outside of the required training sessions, when will the preparation work occur?

***Scheduling Training***

1. Please list the name and title of the person/people who will be responsible for scheduling training(s).
2. Will staff be trained outside of regularly scheduled meetings or training sessions?

|  |  |
| --- | --- |
| Yes | No |

1. When are most staff available to be trained? (i.e., mornings, evenings, weekends)
2. When will it be most cost-effective to hold trainings? (i.e., when staff would miss the least amount of client sessions)
3. Will staff need to have their client sessions covered in order to attend training?

|  |  |
| --- | --- |
| Yes | No |

* 1. Who will cover client sessions for the staff being trained?

1. Please complete the following table.

|  |  |  |  |
| --- | --- | --- | --- |
| **Training Date** | **Training Time** | **Location** | **Duration of Training Sessions** |
|  |  |  |  |

1. Will make-up training sessions be offered for staff who aren’t able to attend the scheduled sessions?

|  |  |
| --- | --- |
| Yes | No |

* 1. When will make-up sessions be offered?
  2. Where will make-up sessions be offered?

***Maintenance of Training***

1. Who will oversee the maintenance efforts? (Select all that apply and list the name of each person involved)

|  |  |
| --- | --- |
| Direct providers : |  |
| Supervisors : |  |
| Agency leaders: |  |
| Clinical Directors: |  |
| Support staff: |  |
| Outside trainer: |  |
| Other: |  |

1. What type of maintenance efforts will occur? (Select all that apply)

|  |  |  |
| --- | --- | --- |
| Ongoing consultation | Booster sessions | |
| Supervision upon request | Submission of videos | |
| Submission of materials | Other: |  |
| Regular supervision |  | |

1. When will maintenance efforts begin?
2. How frequently will maintenance efforts occur? (Select all that apply)

|  |  |
| --- | --- |
| Upon request | |
| Intermittently | |
| Regularly (list frequency): |  |

***Sustained Use***

1. Will training in this new strategy/intervention be offered for new employees after the initial training?

|  |  |
| --- | --- |
| Yes | No |

1. Will training of new staff differ from the initial training plan for current staff?

|  |  |
| --- | --- |
| Yes | No |

1. If so, please describe the training plan for new staff.