



# Positive Success International Training Needs Assessment



This assessment enables Positive Success to tailor training to meet your needs.  
Please answer all relevant questions. When completed please:  
Fax to: 847-984-7629 or  
Email to: [training@positivesuccessnow.com](mailto:training@positivesuccessnow.com)





Name

Title

Company

Address

City State Zip

Phone Fax

Cell Phone Email

### Training Program Requirements

Type of Training:  Sales  Marketing  Sales 360°  Success  Leadership

Training Length: (indicate one)  Full Day  Half Day  \_\_\_\_ Hours  2 Days

Number of Sessions:

Trainers Role?  Keynote  Guest  Training

Trainers Attire?  Suit  Casual  Other

### Training Times and Topics

Day and Date?

Start Time End Time Topic

Are breaks scheduled?  Yes  No How Long?

How often do you conduct training?

What are your specific objectives for this training session?

Please describe the types of training that you have had in the past?



## Organization Information

Describe your product or service:

Competitors:

Challenges facing your organization:

Issues we need to cover:

Target markets/industries?

Major events that have occurred in the last year?

What areas of development are you targeting for training? (check all that apply)

Sales Acceleration

Sales Improvement

Attitude & Behavior Change

Goal Setting

Leadership Skills

Innovation

Teamwork

Marketing Concepts

Communication Skills

Presentation Skills

Motivation and Inspiration

Professionalism

Technology & Tools

Closing Skills

## Audience Analysis

Number Attending?

Average Age?

Education Level?

Grad School

College

High School

Training Level?

Beginner

Novice

Expert

Attending will be?

Owners

Management

Sales

Do you have a database of attendees?

Yes

No

Emails?

Yes

No



### Logistical Information

Airport Closest to Event: \_\_\_\_\_ Approx. Distance: \_\_\_\_\_

Will you pickup Michael at the airport?  Yes  No Other? \_\_\_\_\_

Training Location Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Training room name or number: \_\_\_\_\_

Training Contacts: \_\_\_\_\_

### Hotel Information

Hotel Name? \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Direct Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Thank you for taking the time to complete this assessment, please:**

**Fax to: 847-984-7629 or**

**Email to: [training@positivesuccessnow.com](mailto:training@positivesuccessnow.com)**

**Completed By**  
\_\_\_\_\_

**Date**  
\_\_\_\_\_

**Title**  
\_\_\_\_\_

**Phone**  
\_\_\_\_\_

### Office Use Only

**Positive Success Representative**  
\_\_\_\_\_

**Date Received**  
\_\_\_\_\_

**Notes**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_