

SOUTH CENTRAL CHILD DEVELOPMENT, INC.

**OFFICE STAFF
(Administrative - Management - Fiscal - Secretarial)**

TRAINING AND TECHNICAL ASSISTANCE NEEDS ASSESSMENT

Name: _____

Date: _____

***To be completed and reviewed with your Supervisor.**

List training that you feel would help you do a better job in the following areas:

A. Time Management

B. Office Systems & Routines

C. Technology (computer - communications - systems)

D. Clerical (data & filing management, etc)

E. Administration and Management

- 1.
- 2.
- 3.

F. Other

- 1.
- 2.
- 3.
- 4.

PERSONAL LEARNING PLAN
ESTABLISHING AND COMMUNICATING GOALS
Part 1

- Your professional goal?

- What are the things that support you in achieving this goal?

- What are the things that challenge you in reaching this goal?

- What help do you need and by whom?

- Is there some specific training and/or technical assistance that can be of help to you in reaching your goal?

- What is your learning style?

- Have you taken any internet classes?

- Have you taken any DDN Classes?

- Are you interested in providing training? If so in what areas?

**PERSONAL LEARNING PLAN
PLANNING FOR ACTION
Part 2**

Professional Goal (From previous page)

- Steps leading to accomplishing the above goal?

- What is needed to accomplish this step? (specific personal action that needs to be taken, education, training needed, etc.)

- What help from others is needed to support your effort/step?

- What will be done to obtain the help needed (if any)?