



Pre-Training Questionnaire

To serve you best, we need to know as much as possible about your organization, industry, and participants. Please take the time to provide as many answers as you can to the following questions. Your detail greatly assists us to provide you with a quality experience.

Contact Information Confirmation

Contact Person's Name: _____

Title: _____

Phones: HardLine: _____

Cell: _____

E-mail _____

Mailing Address: _____

Dates

Scheduled Training Dates:

Date(s) From: _____ To: _____

Training Topic(s):

#1: _____

#2: _____

#3: _____

Name: _____

Street Address: _____

WebSite: _____

Main Telephone: _____

Industry or Field? _____

Industry Information

Describe the current state of your industry, field, or association?

In the past six months, what have been the most important changes and developments?

Describe the unique or special features or characteristics of your organization?

How old or experienced is your company?

Is this training a “regular course” or “mandatory” training?

Is this training in response to a new or developing challenge? If so, what is it?

Has your company received any special recognition or awards?

Who received these awards? _____

Should I recognize these awards? Yes _____ No _____

If Yes, why? _____

Should I recognize any specific people for particular achievements?

Previous Trainings Received:

Business Knowledge?

Business Experience?

Unique Group Dynamics?

What are the three most important things I should know about those attending?

#1: _____

#2: _____

#3: _____

Potential Issues for Participants

What major success opportunities exist for your participants?

What major challenges, problems, or changes exist for your participants?

What area do they most need to improve their skills?

What three things would you like the participants to learn?

#1: _____

#2: _____

#3: _____

If they learn one thing, what would you want it to be?

Are there any sensitive issues to avoid? If yes, please explain:

Are there any inside stories we could use for a teaching moment or a laugh?

Can you offer any other thoughts or suggestions to make this a better experience everyone?

In general, your audience members like speakers that...

In general, your audience members dislike speakers that...

Meeting Room Details

How large is the room to be used?

Seating Capacity _____

Table Space for Each Attendee? Yes _____ No _____

How high is the ceiling? _____

Are there windows or natural light? Yes _____ No _____

What type of and how much lighting? _____

Audio Equipment available? Yes _____ No _____

Sound System available? Yes _____ No _____

Is there a simultaneous event in an adjoining room that might disrupt the training?

Yes _____ No _____

Is the room available before the training? Yes _____ No _____

What Time will it become available? _____

What Time must the room be empty? _____

Before the Training – Activities & Distractions

What occurs before our actual training? _____

Will organizational business be conducted? Yes _____ No _____

If so, what type of organizational business? _____

Would you consider hiring us for continued professional follow-up?

Yes _____ No _____

Submitting your Questionnaire

When completed, you can submit your form by mailing it to:



Or Enter the information in the Electronic Request Form at:
<http://www.claytonlancegroup.com/training-questions.html>