



CLARK COUNTY SCHOOL DISTRICT
TECHNOLOGY & INFORMATION SYSTEMS SERVICES DIVISION
EMPLOYEE BUSINESS TRAINING DEPARTMENT

Production Request



Training Production Request Form

Please complete this form to the best of your ability. The last section of this form includes a Notes/**Additional Detail** section; please utilize this area to include any and all additional detail you may feel is important.

Your Name: _____ Date: _____

Position Title: _____ Project Due Date: _____

Department/School: _____

Phone #: _____

Training Type

Select the type learning resources needed. (Check all that apply)

- Video Recording Only (i.e. Camera, camcorder, screen capture, etc.)
- Training Manual (comprehensive written documentation)
- Quick reference guide (brief step by step)
- eLearning (interactive, tracked by LMS or website hosted)
- Mobile Learning (delivered via web for mobile devices)

Topic Detail

TOPIC

What is to be trained, e.g.
Understanding the School
Performance Framework for
Teachers

TOPIC SUMMARY

Summarize what the training is about and the purpose of the training. *Example:* The purpose of this eLearning is to educate the participants in the proper use of a fire extinguisher.

WHY

Why are we creating this program?

WHAT

What do the learners need to accomplish? e.g. Have a better overall understanding of using the e-mail system.

WHERE

Where will the content be hosted?

- Web site
- Pathlore/LMS
- CD distribution
- Other _____

AUDIENCE

Who is expected to receive this training? e.g. Administrators, counselors, custodians, bankers, etc.

How many people are expected to receive this training?

Is this a reoccurring training or a one-time training? (annual, 2yrs, 3yrs, 5yrs.)

PREREQUISITES

Indicate any information or training that learners must have to complete this course.

OBJECTIVES

Provide 3-6 tasks or concepts that learners should receive from the training program. e.g. Participants will be able to identify the proper fire extinguisher to use for each fire type.

SUGGESTED DURATION

How long should the training be?

Assessments & Evaluation and Tracking

Is this training a CCSD mandatory training? e.g. Blood borne Pathogens [] Yes [] No

Division/Department requiring training (Complete only if you answered Yes above.)

How will you evaluate if this training is successful?

Is a final assessment or quiz required for this project? [] Yes [] No [] Graded Quiz e.g. 80% What percentage is required to pass ____% [] Pass/Fail [] Complete/Incomplete Participant required to view ____% if slides

Content Details

Course content must be provided to us in a timely manner for your project to be completed by the agreed upon date. Designees from your department/division are considered to be the subject matter experts (SMEs) for all submitted content. As such, it is imperative that they provide quick and detailed responses to all of our questions or clarifications. Should the project be postponed at any time because our schedule has changed, you will be contacted immediately. All necessary resources, such as research documents, quiz questions, scripts or outlines, pictures, copyright information, videos, URL address verification, etc., will be required prior to production. Also, please attach any existing resources (existing presentation, research documents, images, video, quizzes, etc...)

Note: If you are providing materials with a copyright, you must also provide the detailed copyright information. (Please visit http://www.copyright.gov/ for additional clarification of copyright restrictions.)

Project Subject Matter Experts (SMEs) Who will be the SMEs? Be sure to list all SME contacts. Name Department/School Phone # Topic Speciality

WHAT

What type of content will be provided?

- PowerPoint
- Video
- Pictures/Images
- Quiz Questions
- Script

Other: _____

HOW

How will output be reviewed?

- Computer Mac PC
- Mobile Devices, Types(s) _____
- Other _____

Notes/Additional Detail



Employee Business Training: User Support Services
Technology & Information Systems Services Division
CLARK COUNTY SCHOOL DISTRICT

Training Production Request Form

I am requesting assistance from the Employee Business Training (EBT) department with the development and production of training materials and media. I have reviewed and completed this contract; I understand my responsibilities for providing information to EBT in a timely manner and I am familiar with any copyright restriction information.

Requestor's Name _____ Date _____

Position Title _____ School/Dept. _____

Requestor's Signature _____

Principal/Director Name _____ Date _____

Principal/Director Signature _____

Please return this completed Request Form to:
Wes Lockhart, Training Coordinator
User Support Services: Employee Business Training
Fax (702) 799-6359