

Martin Business Consulting

Consulting-Training-Coaching-Support

Three Phase Process That May Assist in the Implementation of Training

Before-the-Training - During-the-Training - After-the-Training

Phase One – Before-the-Training:

- ❖ Has the lead manager been identified to monitor the application/implementation of this training? (i.e. Human Resources Manager, Quality Manager, Operations Manager, Engineer Manager, etc.)

Yes No - Date _____

Name and/or Title; _____

- ❖ Has the lead manager had a discussion with a representative or consultant of MBC, Inc. to determine the suitability of the proposed training? (Call 931-637-1446 or e-mail BMartin@MBCIncorp.com)

Yes No - Date _____

- ❖ Has the attendee had a meeting with their supervisor/manager/leader to review expectations of the training?

Yes No - Date _____

Phase Two – During-the-Training:

- ❖ Has the Student (Proposed Attendee) been coached as to the importance of active engagement in the training?

Yes No - Date _____

Phase Three – After-the-Training:

- ❖ Has the attendee completed and provided to their manager a written implementation plan for the training they have completed? (This should be completed within ten workdays).

Yes No - Date _____

- ❖ Does the implementation plan address the four minimum requirements;

- | | |
|---|--|
| <input type="checkbox"/> resources & equipment, | <input type="checkbox"/> Yes, - <input type="checkbox"/> No, - <input type="checkbox"/> NA |
| <input type="checkbox"/> hardware/software, | <input type="checkbox"/> Yes, - <input type="checkbox"/> No, - <input type="checkbox"/> NA |
| <input type="checkbox"/> departmental support, and | <input type="checkbox"/> Yes, - <input type="checkbox"/> No, - <input type="checkbox"/> NA |
| <input type="checkbox"/> procedural changes or additions? | <input type="checkbox"/> Yes, - <input type="checkbox"/> No, - <input type="checkbox"/> NA |

(Success is only as effective as the implementation plan carried out by your organization, President MBC, Inc.)