

## TRAINING CHECKLIST

Training Session Date:	
Covering Session(s):	
Location:	
Address:	
Directions:	
Number of Participants:	
Contact Person:	
Contact Phone:	
Contact Email:	

### ***Before the Session***

Email/letter/invitation for participants	
Pre-reading assignment for participants	Page(s):
Send Manual/handouts ahead of time?	

### ***Logistics***

Chair/table arrangements	
Break-out rooms or spaces for small groups	
Refreshments, refreshment table	
Table for trainer supplies, equipment	

<i><b>Equipment</b></i>	<i><b>Supplies</b></i>	<i><b>Materials</b></i>
<input type="checkbox"/> Projector <input type="checkbox"/> Screen or wall <input type="checkbox"/> Laptop <input type="checkbox"/> Extension cord <input type="checkbox"/> Wireless mouse <input type="checkbox"/> Extra batteries <input type="checkbox"/> Sound system <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Flipchart paper <input type="checkbox"/> Flipchart stand <input type="checkbox"/> Masking tape <input type="checkbox"/> Markers <input type="checkbox"/> Name tags /tent cards <input type="checkbox"/> Duct tape <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Trainers' Guide <input type="checkbox"/> Participant Manual <input type="checkbox"/> Manual for each participant <input type="checkbox"/> Handouts <input type="checkbox"/> PowerPoint presentation notes <input type="checkbox"/> Participant sign-in sheet <input type="checkbox"/> Evaluation forms <input type="checkbox"/> _____ <input type="checkbox"/> _____

**Notes:**