



Food Safety Project
IOWA STATE UNIVERSITY

School District: _____

Department: _____

Policy No: _____

Employee Training Planner

School: _____

Date: _____

Lesson Title:

Behavioral Objectives: At the end of this training session, employees will be able to:

Teaching Materials/Resources:

References:

Introduction of Topic/Preparation of the Learner:

Presentation

Topics/Steps	Key Points/Activities

Policy last revised on: _____



Food Safety Project
IOWA STATE UNIVERSITY

School District: _____

Department: _____

Policy No: _____

Presentation, continued

Topics/Steps	Key Points/Activities

Evaluation (How will you know that the objectives were met?):

Trainer's Evaluation of the Session:

	Poor	Satisfactory	Good	Excellent
Did the training session accomplish the objectives	1	2	3	4
Was the information well received?	1	2	3	4

What would you do differently the next time you present this training session?

Additional Comments:

Policy last revised on: _____