**I. Title** *(Name of the Activity)*

**II. Rationale / Background** *(What and why of the training; identified knowledge, skills and attitude gaps of employees which the training activity can fill; what are the prevailing demands and requirements form the organization which the activity can provide.)*

**III. Course Description** *(Brief overview of the activity, what it is all about, purpose, knowledge and skills to be learned and the strategies / methodologies used)*

**IV. Learning Objectives**

1. **Terminal Objective:**

At the end of the workshop / seminar:

*(What the learner will be able to do after the activity; focus is on the performance of the learner after the training; Use the verbs in Bloom’s taxonomy).*

1. **Enabling Objectives:** *(Breakdown of terminal objectives into manageable objectives or learning chunks; “enables” the achievement of terminal objectives).*

* **Session Objectives** *(****Optional*** *– maybe placed in the* ***DTAP****); [Further breakdown of enabling objectives into smaller / bite size learning units; describes what learners will be able to do right after a learning session; directly corresponds to the detailed training action plan (DTAP)].*

1. **Workplace Application Objective (for individual LAP of each pax):** (States how the learner will apply the learning in the workplace after training).
2. **Results Objectives:** *(States how the improved performance of the learner as a result of the training will have a long – term impact or effect on the performance of the office)*

**V. Expected Outputs** *(Defines what the learner will produce (if any) during and after the workshop)*

**VI. Strategies / Methodology** *(Defines the different approaches and techniques to be used in the learning design)*

**VII. Evaluation:** *(Defines the assessment strategies and tools (level 1, level 2 or pre – test / post – test, etc.) used to measure the objectives of the learning intervention.)*

**VIII. Operational Details**

| **Venue** |  |
| --- | --- |
| **Date** |  |
| **Number and Category of Participants** |  |
| **Facilitators** |  |
| **Resource Persons** |  |
| **Support Staff** |  |
| **Proposed Budget** |  |
| **Fund Source** |  |

| **DAY / TIME** | **LEARNING OBJECTIVES**  At the end of the **session**, participant will be able to: | **TOPIC / CONTENT HIGHLIGHTS** | **TEACHING / LEARNING METHODOLOGY** | **RESPONSIBLE PERSON** | **RESOURCES / SUPPORT NEEDED** | **EXPECTED OUTPUTS** |
| --- | --- | --- | --- | --- | --- | --- |
| **Day 1 – AM** | | | | | | |
|  |  |  |  |  |  |  |
| **Day 1 – PM** | | | | | | |
|  |  |  |  |  |  |  |

**Prepared by:**

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**Approved by:**

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**Chief of Section / Office**