

Harassment Prevention Program (HPP) TRAINING REQUEST INTAKE FORM

Originator Name:

Address:

Job Title:

City:

VA/ORM Office:

Telephone:

Please submit completed form to: Jack.Bosanco@va.gov

1. Purpose: (What precipitated your request?)

2. What outcome(s) are desired from this initiative?

3. Who is/are the Targeted audience(s) needed to achieve your desired outcomes?

4. List knowledge, skills, abilities and/or attitudes you want participants to gain as the result of this initiative and show how these KSAs will help you achieve your desired outcomes.

5. What is/are the estimated size(s) of the audience(s)?

6. Is audience participation voluntary or mandatory?

7. What is the desired modality? Please place a Check (✓) in the appropriate space.

a. Face-to-Face (ILT- Instructor-Led Training/Classroom)

b. Virtual (vILT – Virtual Instructor-Led Training)

• **Adobe Connect**

Other:

• **MS Teams**

8. Is there a requested delivery date (RDD)? Yes No

RDD: _____ Time allotted: _____

Office of Resolution Management Diversity & Inclusion
Harassment Prevention Program Office Training
(This segment to be completed by ORMDI HPP Training Lead)

Date Received: _____

HPP Specialist Assigned: _____

TASK:

Customer Contact/POC Information:

Name: _____

Phone: _____

Training Presentation? Yes No

Market/Awareness Presentation? Yes No

Is a lesson plan required? (Yes) (No)

Actions Required (Instructional design and development process):

<u>Action</u>	<u>Initiated</u>	<u>Completed</u>	<u>Comments</u>