## **{Enter course title.}**

Initial PMT Date: Click to enter a date.

Current PMT Date: Enter a date.

#### Updated PMT Dates and Reasons for Change:

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| Enter a date.: Click to enter a reason. |
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| Enter a date.: Enter a reason. |

#### Training Program Information

**Purpose:**

**Learning Objectives**

Upon completion of this course, you will be able to:

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### PMT Processes

#### Header and Footer

Update footer with date and PMT title when PMT is created and for each subsequent update. Update the header with the course title.

Send all PMTs (initial and updated) to the following:

* Dave Turk
* Mark Schmitt
* Appropriate State Lead(s)
	+ Danni Grochowski (W-2 NWT)
	+ Sally Hilsgen (ECM courses)
	+ Heather Sommers (W-2 Policy & Process courses)
	+ Lynda Fischer (Child Support courses)

#### Notes

Participation in a PTT project by external staff must be approved by the appropriate section manager. When a PMT is ready to implement, submit the request for external editors to the assigned State Lead(s) who will request an assignment from the appropriate section manager.

If there are any changes in the timeframes/assignments by the lead or the project team, a new/updated PMT needs to be created and sent to the appropriate people listed above, as well as anyone else on the team.

Ensure that all outlines and drafts are sent to the State Lead(s).

Reviewers also need to review the purpose and objectives to ensure the intent is clear and accurate.

### Project Planning

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| State Lead(s): Choose or type a name.Project Lead(s):Estimated Delivery Date: Enter a date.**Planning**[ ]  Identify Project[ ]  Create Initial Project Folder (S: Drive – for those without S: Drive access, ask Mark or Lynda to establish and file)*S: Drive Path Name:* [ ]  Initial Project Meeting: *(Dates:* Enter a date.*, Names:* Click to enter names.*)*[ ]  Identify Target Audience: [ ]  Methodology:[ ]  Purpose and Learning Objectives (see previous page)[ ]  Identify Stakeholders:[ ]  Internal and External Impacts: [ ]  Detailed Outline: (*Dates:* Enter a date.*–*Enter a date.*, Names:* Enter names.*)*[ ]  Review: (To Training Coordinator and State Lead) *(Dates:* Enter a date.*–*Enter a date.*, Names:* Enter names.*)* [ ] Edits: *(Dates:* Enter a date.*–*Enter a date.*, Names:* Enter names.*)* |

### Project Development

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| --- |
| Development Team Members:Policy Lead:Reviewers: |

**Development**

[ ]  Content Collection: *(Dates:* Enter a date.*–*Enter a date.*, Names:* Enter names.*)*

[ ]  Considerations:

[ ]  Initial Content Development/Narrative: *(Dates:* Enter a date.*–*Enter a date.*, Names:* Enter names.*)*

[ ]  Content/Narrative Review and Proofreading Review (PTT Internal 1): *(Dates:* Enter a date.*–*Enter a date.*, Names:* Enter names.*)*

*Note: When appropriate, be specific on what you want that reviewer to focus on.*

[ ]  Edits: *(Dates:* Enter a date.*–*Enter a date.*, Names:* Enter names.*)*

[ ]  Review: (Send to State Lead and/or Training Coordinator) *(Dates:* Enter a date.*–*Enter a date.*, Names:* Enter names.*)*

[ ]  Edits (As Needed): *(Dates:* Enter a date.*–*Enter a date.*, Names:* Enter names.*)*

[ ]  Review: (External): *(Dates:* Enter a date.*–*Enter a date.*, Names:* Enter names.*)*

*Note: When appropriate, be specific on what you want that reviewer to focus on.*

[ ]  Edits: *(Dates:* Enter a date.*–*Enter a date.*, Names:* Enter names.*)*

[ ]  Evaluation: *(Dates:* Enter a date.*–*Enter a date.*, Names:* Enter names.*)*

 Format: [ ]  Quia, [ ]  Paper, [ ]  Other: Click to enter text.

 [ ] Pre/Post Test

[ ]  Review: (PTT Internal 2): *(Dates:* Enter a date.*–*Enter a date.*, Names:* Enter names.*)*

*Note: When appropriate, be specific on what you want that reviewer to focus on. This review includes proofreading.*

[ ]  Final Drafts Edits: *(Dates:* Enter a date.*–*Enter a date.*, Names:* Enter names.*)*

[ ]  Dry Run: *(NA or Date:* Enter a date.*, Names:* Enter names.*)*

[ ]  Technical Dry Run (Webinar/Webcast only): *(NA or Date:* Enter a date.*, Names:* Enter names.*)*

[ ]  Edits: *(NA or Dates:* Enter a date.*–*Enter a date.*, Names:* Enter names.*)*

[ ]  Train the Trainer (TtT): *(NA or Date:* Enter a date.*, Names:* Enter names.*)*

[ ] Edits: *(NA or Dates:* Enter a date.*–*Enter a date.*, Names:* Enter names.*)*

[ ]  Pilot: *(NA or Date:* Enter a date.*, Names:* Enter names.*)*

[ ]  Edits: *(NA or Dates:* Enter a date.*–*Enter a date.*, Names:* Enter names.*)*

[ ]  Final Review (PTT Internal 3): *(Dates:* Enter a date.*–*Enter a date.*, Names:* Enter names.*)*

*Note: When appropriate, be specific on what you want that reviewer to focus on. This review includes proofreading.*

[ ]  Final Edits/Completion: *(Dates:* Enter a date.*–*Enter a date.*, Names:* Enter names.*)*

[ ]  Final Review (To Training Coordinator and/or State Lead): *(Dates:* Enter a date.*–*Enter a date.*, Names:* Enter names.*)*

[ ]  FinalEdits: *(Dates:* Enter a date.*–*Enter a date.*, Names:* Enter names.*)*

[ ]  Materials Storage: *(Date:* Enter a date.*, Name:* Enter name.*)*

### Project Delivery

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| --- |
| Delivery Team Members: |

**Delivery**

[ ]  Marketing Plan (including W-2 and CS Training Times, CS Announcement, etc.)

*(Names)*

[ ]  Course Description for LC – send to State Lead for Course Request

*(Project Lead)*

[ ]  Course Request Form

*(Heather or Sally for W-2, Lynda for Child Support)*

[ ]  Upload PG to LC *(*Enter a date.*, Mark)*

[ ]  Classroom Delivery Dates and Locations or Webinar Delivery Dates

 Enter a date., Location: Enter a location.

Enter a date., Location: Enter a location.

Enter a date., Location: Enter a location.

Enter a date., Location: Enter a location.

Enter a date., Location: Enter a location.

[ ]  Class Request Forms *(Name)*

[ ]  Review Evaluations *(Name)*

[ ]  Identify ongoing support needs *(Name)*