## Kirkpatrick Four Levels® Blended Evaluation Plan® Form

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| Instructions to Earn Bronze Level CertificationSubmit your completed plan no later than 3 weeks after the program, or by the due date provided. If you need more time, that’s fine. We accept plans at any time.Even if you presented your evaluation plan during the program, you are still required to submit your completed plan to earn your certification.Use this form, or a previous version of this form. Do NOT create a PDF or in any way lock the form.Limit your submission to about 15 pages or fewer, and do not attach any other documents.Put all information you wish to share with the reviewer into this form. He/she will NOT receive the body of your email.Submit the completed form to [homework@kirkpatrickpartners.com](mailto:homework@kirkpatrickpartners.com). Do NOT copy anyone else at Kirkpatrick Partners on the email to prevent misdirection. Please copy all teammates who are also getting certified using this plan.Title the email subject line, ENTER EVENT CODEYou will receive feedback within 3 weeks of submission. If you do not receive a response or need assistance, contact us at (770) 302-3500 or [homework@kirkpatrickpartners.com](mailto:homework@kirkpatrickpartners.com). 12/2021 |

## Submission Date

## Check one: First submission or Resubmission

## Submitter Information

## Name

## Email Address

## Phone Number

## Others in the Bronze Program Who Worked on This Plan to Obtain Certification

## Name(s)

## Email Address(es)

## Any additional information you wish to provide, or questions you would like the reviewer to specifically address (optional)

## 

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| *Facilitator Comments:* |

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| **LEVEL 4: RESULTS**  The degree to which targeted outcomes occur as a result of the training and the support and accountability package |

**ORGANIZATIONAL LEVEL**

**Organization Name**

If your company is large enough to have an organization dedicated to training, go up a level to the main organization the training serves. Spell out any acronyms.

**Statement of Organizational Purpose**

Brief, plain language statement of what the organization does. Example: Acme develops pharmaceutical products used in cancer treatment.

**Level 4 Results**

Statement of organizational purpose, combined with financial reality, for the entire organization at the highest level. This is NOT for the program you are planning; this is for the entire, highest-level organization.

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| **Metric(s)** | **Method(s)** |
| *What will be the measure of success?* | *Method/tool used to obtain the data/information* |
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| *Facilitator Comments:* |

**PROGRAM LEVEL**

**Program Name**

Program for which this plan is being created

**Business Case for This Program**

Compelling statement of the importance of this program, and / or the problem or condition that this program would address. What is the reason this program has been requested? (100 words or fewer)

**Threats and Benefits**

Statement of what is at risk if this program is not executed or is unsuccessful, and what can be gained if it is executed successfully

**Stakeholder Expectations**

Stakeholder’s expectations from this program, listed from tactical to high-level strategic

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| *Facilitator Comments:* |

**Leading Indicators**

Results and outcomes that are directly related to this program and support the desired organizational result. Short-term observations and measurements suggesting that critical behaviors are on track to create a positive impact on desired results.

Important initiatives that warrant a planning form typically have around 6 external and 6 internal leading indicators.

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| External Outcomes - Customer, market, and industry response |

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| **Metric(s)** | **Method(s)** |
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| **Metric(s)** | **Method(s)** |
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6.

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| *Facilitator Comments:* |

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| Internal Outcomes - Organizational, departmental, team and individual |

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| **Metric(s)** | **Method(s)** |
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| *Facilitator Comments:* |

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| **LEVEL 3: BEHAVIOR**  The degree to which participants apply what they learned during training when they are back on the job |

**Critical Behaviors** The few, key behaviors that the primary group will have to consistently perform on the job in order to bring about targeted outcomes

**Primary Group to Perform the Critical Behaviors**

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| 1. 1. |
| Monitoring |

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| --- | --- | --- |
| **Metric(s)** | **Method(s)** | **Timing** Start, Frequency, Duration |
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| *Facilitator Comments:* |

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| 1. 2. |
| Monitoring |

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| --- | --- | --- |
| **Metric(s)** | **Method(s)** | **Timing** Start, Frequency, Duration |
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| *Facilitator Comments:* |

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| 1. 3. |
| Monitoring |

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| --- | --- | --- |
| **Metric(s)** | **Method(s)** | **Timing** Start, Frequency, Duration |
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| *Facilitator Comments:* |

**Required Drivers** Processes and systems that reinforce, monitor, encourage or reward performance of critical behaviors on the job

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| --- | --- | --- | --- | --- |
| **Method(s) / Tool(s) / Technique(s)** | **Timing**  Start, Frequency, Duration | **Relates to Which Critical Behavior(s)?** | | |
| **1** | **2** | **3** |
| Reinforcing | | | | |
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| Encouraging | | | | |
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| Rewarding | | | | |
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| *Facilitator Comments:* |

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| **MONITOR (AND ADJUST)**  How will you ensure that the Required Drivers occur? Or how will you monitor the monitoring? |

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| *Facilitator Comments:* |

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| **LEVEL 2: LEARNING**  The degree to which participants acquire the intended knowledge, skills, attitude, confidence, and commitment based on their participation in the training |

**Brief description of training program** (100 words or fewer)

**Program duration**      

**Program delivery method (i.e., in-person, online)**

**Learning Objectives** Statements that define what the group that will perform the critical behaviors on the job must be prepared to do to perform them properly

After training, participants will be prepared to:

1.

2.

3.

**Components of Learning**

|  |  |
| --- | --- |
| **Method(s) / Tools(s) / Technique(s)** | **Timing**  Before, during or after training |
| Knowledge*“I know it.”* |  |
|  |  |
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| Skills*“I can do it right now.”* |  |
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| Attitude*“I believe this will be worthwhile to do on the job.”* |  |
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| Confidence*“I think I can do it on the job.”* |  |
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| Commitment*“I will do it on the job.”* |  |
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| *Facilitator Comments:* |

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| **LEVEL 1: REACTION**  The degree to which participants find the training favorable, engaging, and relevant to their jobs |

**Components of Reaction**

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| --- | --- |
| **Method(s) / Tool(s) / Technique(s)** | **Timing**  Before, during or after training |
| Engagement The degree to which participants are actively involved in learning | |
|  |  |
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| Relevance The degree to which course content directly relates to participants’ job responsibilities | |
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| Customer Satisfaction The degree to which participants react favorably to the learning event | |
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| *Facilitator Comments:* |

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| **NECESSITIES FOR SUCCESS**  Prerequisite items, events, conditions, and communications that help leverage success or head off problems before they reduce the impact of an initiative |

**Issue**

**Recommended action**

**Issue**

**Recommended action**

**Issue**

**Recommended action**

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| *Facilitator Comments:* |

**SELF-REVIEW OF PLAN PRIOR TO SUBMISSION**

* Make sure your organizational Level 4 Results statement is truly at the highest organizational level. For example, it should represent your entire company, including all divisions, departments, locations, or branches, not just training.
* If you have populated fields in multiple levels in your plan with the same information, you have probably not truly defined your ultimate organizational results and program leading indicators and worked your way down the plan.
* Talk through the levels in your plan starting with Level 4 and make sure you have clear connection between the levels.
* Consider if you have adequate data to show that your training was effective (usefulness), and that it contributed to organizational performance and results (credibility). Also, consider if your plan is realistic to execute with the time, money and resources available.

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| *Participant Feedback: Now that you have had the chance to utilize the Kirkpatrick Blended Evaluation Plan® Form, we would like to hear from you! What suggestions can you give us to improve this form in the future?* |

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| *Facilitator Comments (Overall):*  *Final Grade:* |

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