KENTUCKY DEPARTMENT OF CORRECTIONS
DIVISION OF CORRECTIONS TRAINING

2020 TRAINING NEEDS ASSESSMENT

The mission of the Division of Corrections Training is to design, develop and deliver training programs that meet the needs and mandates of the employees of the Kentucky Department of Corrections. The Division of Corrections Training (DCT) continually strives to meet this mission by assessing and revising the DCT curriculum based upon the feedback of corrections professionals. This Needs Assessment Form is intended to provide corrections professionals with the ability to provide input to the DCT concerning our curriculum. We appreciate your participation and any feedback that you may provide.

1. How long have you been working in the corrections field?
   - [ ] Less than 5 years
   - [ ] 6-10 years
   - [ ] 11-15 years
   - [ ] 16-20 years
   - [ ] More than 20 years

2. What is your job title/category?
   - [ ] Chief Administrator of Prison/P&P District/Jail/Division/Branch/Program
   - [ ] Administrator/Supervisor
   - [ ] Correctional Officer
   - [ ] Probation & Parole
   - [ ] Officer Deputy Jailer
   - [ ] Program Staff
   - [ ] Central Office
   - [ ] Staff Other

3. What training topics, other than those required by KRS, KAR, ACA Standards, would you like the DCT to offer?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
4. What is your preferred method of receiving training?

☐ Onsite Instructor Led Training (ILT) - at your facility
☐ Offsite Instructor Led Training (ILT) - away from your facility
☐ Computer Based Training (CBT)

5. What might the DCT do to improve the training for the staff you supervise or the training in which you normally participate?

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____________________________________________________
____________________________________________________

6. If there is a curriculum or a program you believe the DCT should review and possibly include in future training, please identify:

____________________________________________________
____________________________________________________
____________________________________________________

7. If you have discovered an error within the DCT curriculum, please identify:

____________________________________________________
____________________________________________________
____________________________________________________

Additional comments:

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Please scan/email completed Needs Assessment Forms to the Curriculum Branch of the Division of Corrections Training at Susan.Wittenauer@ky.gov or mail it to: Curriculum Branch, Division of Corrections Training, 4000 Morgan Road, LaGrange, KY 40031

If you have any further questions feel free to contact Jessica Johnson at 502 225-9755 ext. 512.