**Initial Requirements Analysis Form**

**(Capacity Building Programs)**

This template is primarily used to gather the necessary information to design Capacity Building Programs which are tailored to meet the specific needs of a particular institution.

**Please answer the following questions to the best of your ability**

|  |  |  |
| --- | --- | --- |
| **1-** | Institution Name & Country: |  |
| **2-** | Institution Size | No. of Students \_\_\_\_\_\_ No. of Faculty Members \_\_\_\_\_\_ No. of Staff \_\_\_\_\_ |
| **3-** | Does the university have multiple campuses? **🞏**No **🞏**Yes, if yes how may? \_\_\_\_\_  Where are these campus(s) located? | |
| **4-** | What types of programs does your institution offer?  **🞏**Undergraduate **🞏**Graduate **🞏**Doctoral Studies **🞏**Professional Development Programs | |
| **5-** | List the areas in which you require CLICKS to deliver capacity building programs.  Area 1:  Area 2:  Area 3:  Area 4:  Area 5: | |
| **6-** | For each of the above areas, identify the set of objectives you aim to achieve. | |
| **7-** | For each of the above areas, identify the set of skills & competencies you want the participants to be acquainted with at the end of the program(s) | |
| **8-** | For each of the above area(s), list the aspects/topics you would like the program(s) to emphasize on. | |
| **9-** | Please list the target audience (including background, prior knowledge, experience, etc.) for each program(s). | |
| **10-** | What is the approximate number of participants for each of the program(s)? | |
| **11-** | Has the institution offered any programs in the same area(s)? if yes please provide additional information. | |
| **12-** | Please describe any institutional parameters context you wish to be addressed or integrated in the capacity building program(s) delivered. These include institutional policies you may want to emphasis on, identified gaps you would like to address, specific practices you would like to promote, etc. | |
| **13-** | Please list any preference the institution has with regards to the **training location**, **dates,** language of instruction, delivery method, etc. | |
| **14-** | If the capacity building programs include any technical/ hands-on training, please describe the technical infrastructure (i.e. software solutions, programs, etc) in place at the institution. | |

**This section is to be filled by the institution only for capacity building programs related to technology integration in teaching and learning**

|  |  |
| --- | --- |
| **1-** | Describe the delivery strategy of your programs (i.e. face to face supported by the use of technology, blended learning, full fledge e-learning, etc) |
| **2-** | List the intended objective(s) / ambitions of your institution in relation to technology integration at the institutional level (what do you aim to achieve through using technology?) |
| **3-** | Describe the current systems and platforms adopted by your institution to support teaching and learning (LMS, LCMS, VCs, Smartboards, Video conferencing, social networking, etc.)\* |
| **4-** | Do you use any kind of multimedia learning materials? If yes, please list in which format |
| **5-** | Do you have any data with regards to the usage rates of technology for the following groups of participants?   * Students \_\_\_\_\_\_\_% * Faculty Members \_\_\_\_\_\_\_% * Staff : \_\_\_\_\_\_\_% |
| **6-** | Do you have experienced human resources, or personal within the university to support the integration of technology in teaching and learning? If yes, please list what positions are in place? |
| **7-** | Are majority of your faculty, staff and students experienced in the use of the technology implemented at your institution (if any) and if yes at what level (basic knowledge, intermediate or advanced)? |

**Please add any additional information you think are relevant to the capacity building programs**

|  |
| --- |
|  |

**Please specify the key contact person for additional information**

|  |  |
| --- | --- |
| Title: | 🞏Prof. 🞏Dr. 🞏Mr. 🞏Mrs. 🞏Ms. 🞏Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| First Name: |  |
| Last Name: |  |
| Designation: |  |
| Department |  |
| Email: |  |
| Phone Number |  |