

# Training Needs Assessment Template

**Name \***

First Name      Last Name

**Position \***

**Date Completed \***



Month    Day    Year

**Where do you see yourself professionally within the next 3 to 5 years?**

**Which of the following skills do you currently possess? Tick all that apply. \***

- Self organization
- Identifying selling opportunities
- Call planning and priority setting

**Which of the following skills do you think you need? Tick all that apply. \***

- Questioning
- Listening
- Handling objections
- Understanding buyer types
- Gaining commitment from buyers

Rate your knowledge of each of the following.

**Presentation/Demonstration Skills \***

1 2 3 4 5  
Low High

**Discovering Business Needs \***

1 2 3 4 5  
Low High

**Negotiation Skills \***

1 2 3 4 5  
Low High

**Building Trust \***

1 2 3 4 5  
Low High

**Effective Sales Closing \***

1 2 3 4 5  
Low High

**Sales Strategy \***

1 2 3 4 5  
Low High

**Customer Relationship Building \***

1 2 3 4 5

Low

High

**Timing of Sales Requests \***

1 2 3 4 5

Low

High

Let One On One help you train your sales team for success. Contact us at [sales@oneononelms.com](mailto:sales@oneononelms.com).