Training Plan

Date written:	Animal: (name/identification/species)
Trainer(s) **assigned**: (note primary/secondary)	**Training category:**
Submitted by:	
Goal behavior: (detailed criteria and cue)	
Closest approximation the animal presents now:	

	Planned Approximations	Actual Approximations	Date Completed
1			
2			
3			
4			
5			
6			

Frequency of session:	Predicted level of difficulty:
Predicted duration of session:	Number of staff needed for session:
Location of sessions:	Estimated start/end date:
Intended reinforcement:	Intended bridge: (if applicable)

Materials needed:

Other information as needed: (safety precautions, session set-up, reinforcement delivery, etc)

If using a bridge, have you properly paired it with this animal? Yes ☐ No ☐

Approval Title and Name:	Approval Signature:	Date:

Safety Assessment Complete

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(Initial sign-off from manager level)