

POST – NEW COURSE CERTIFICATION TRAINING NEEDS ASSESSMENT

Reset Form

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This form must be submitted to your POST Regional Consultant the required minimum 60 days in advance of desired course presentation date(s). Please complete ALL portions. This does not constitute for presentation of a course until POST review is final and approval is granted.

A. COURSE INFORMATION

PROPOSED COURSE TITLE: Unconscious Bias - An Innovative Approach; DATE SUBMITTED (MM/DD/YY): 06/30/20; SUBMITTING PRESENTER: BiasSync; COURSE PRESENTATION DATE(S): Ongoing Online Training

Are you affiliated with: [] A law enforcement agency [] A Regional Training Center/Institute/Consortium [] A College [] A 501 (c) (3) or (4) Non-Profit Organization [x] A LLC, S-Corp, etc.

B. CONSULTATION

1. Did you consult with your regional POST Consultant prior to developing this proposed course? [x] Y [] N; a. IF YES, provide Consultant's Name: Dan Schmitt Date: 06/30/20; b. IF NO, please give reason:

C. DEMONSTRATED NEED

1. Is there a demonstrated unmet need expressed by a survey of agencies/associations? [x] Y [] N; IF YES: a. Did you survey the County Chiefs & Sheriff's Association? [] Y [] N; Association Name: ; b. Did you survey the training managers association and/or training association group? [x] Y [] N; Association Name(s): 1) San Diego Training Managers Assoc 2) ; c. Did you survey other advisory groups (e.g., Community College Advisory Council)? [] Y [] N; Council Name(s): 1) 2)

2. Are there existing courses available locally, or that can be imported into the area, to meet the need? [] Y [x] N; a. Did you survey existing courses for performance and viability? [] Y [x] N; b. Result findings: Attendance numbers: Projected presentation numbers:

3. Is the course an expressed priority by legislation/POST Commission? If YES, Statute or POST Regulation. Govt Mandate [x] Y [] N

4. Is there required POST standardized curriculum? [] Y [x] N; a. IF YES, did you request a copy of the curriculum from your POST Consultant? [] Y [] N

D. DEMONSTRATED CAPABILITIES

1. Did you identify instructional expertise/capability to instruct this course? [x] Y [] N; a. Does the instructor require specialized training (e.g., AICC, Regulation 1070)? [] Y [x] N

2. Do you have adequate and safe curriculum training facilities to hold this type of course instruction? [x] Y [] N; a. Will this course be presented at multiple locations? [] Y [x] N; b. If applicable, will this course require a written safety policy? [] Y [x] N

3. If applicable, has this proposal been reviewed and approved by your agency/college chief executive, director, training administrator and training manager (or equivalent curriculum manager)? [x] Y [] N; Name(s): 1) Dan Schmitt Title(s): Region 10 Consultant 2) 3)

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D. DEMONSTRATED CAPABILITIES *continued*

4. Have you or your agency's training manager and/or administrator attended the POST-certified *Training Administrator's Course* and/or *Training Managers Course*? Y N

Date: _____ Location: _____

E. ASSESSMENT

1. **Type of Course**

Basic In-Service Technical Supervisory Management Executive

2. **Requirement(s)** (*check all that apply*)

Legislative mandate Commission regulation Local agency need Regional agencies need

3. **Types of Students**

Affiliated Non-affiliated New hires Incumbent Peace Officer Dispatcher NPO/Non-Dispatcher

4. **Schedule/Attendance**

a. Number of presentations per year: Unk
 b. Anticipated number of trainees attending per fiscal year: Unk
 c. Maximum number of enrollees per class presentation: 1

5. Have you completed a budget for this course? Y N

a. Are there subventions (i.e., FTEs, Grant, Contract, Tuition)? Y N

IF YES, what are they: Contract

Estimated Tuition Fee per Student: \$ 72.00

F. ADDITIONAL COMMENTS

Please provide written comments to further justify training need and to identify the unmet training need.

No Unconscious Bias on-line training coupled with assessments of this nature currently exists. This training package provides data and measurement of training effectiveness that is not available elsewhere. Unconscious Bias has been proven to affect the way people make decisions and is an especially critical training need at this time.

G. AUTHORIZATION

PRESENTER NO:

SIGNATURE OF INDIVIDUAL REQUESTING/AUTHORIZING COURSE CERTIFICATION (REQUIRED)

Kerry Mensior DATE 07/01/2020

CONTACT NUMBER
(619) 980-0429

EMAIL ADDRESS
kmensior@hotmail.com

PRINT FULL NAME

Kerry Mensior

TITLE

Law Enforcement Coordinator

PROPOSED PRESENTER

BiasSync

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THIS SPACE FOR DATE STAMP