IOWA | Iowa Workforce Development

Project Identification Form

This form is used to identify meaningful projects that can be assigned to employees, interns, apprentices, or learners as project-based learning opportunities. Ideal projects are valuable to the organization but are not mission-critical, have remained on the "to-do" list for an extended period, or require research, creativity, innovation, analysis, or process improvement.

Department Information

Department: _____
Manager/Supervisor: _____
Contact Email: _____
Date Submitted: _____

Project Overview

Project Title:

_____

Brief Project Description (2–5 sentences):

_____
_____
_____
_____

Why Is This Project a Good Learning Opportunity?
Select all that apply:

☐ Has been on our to-do list for a long time
☐ Important but not urgent
☐ Valuable but not mission-critical
☐ Requires research and investigation
☐ Requires creative thinking or innovation
☐ Involves process improvement
☐ Requires building, designing, or creating something new
☐ Cross-departmental collaboration opportunity
☐ Other:

Desired Outcomes
What would success look like at the end of the project?

_____
_____
_____
_____

Potential Deliverables
Select all that apply:

☐ Research report
☐ Recommendation document
☐ New process or workflow
☐ Prototype or pilot project
☐ Training materials
☐ Database or tracking tool
☐ Communication plan
☐ Presentation to leadership
☐ Resource guide
☐ Other: _____
_____

Skills Learners Could Develop
Select all that apply:

☐ Problem-solving
☐ Research
☐ Critical thinking
☐ Project management
☐ Communication
☐ Teamwork
☐ Data analysis
☐ Technology skills
☐ Creativity and innovation
☐ Customer service
☐ Leadership
☐ Other: _____
_____

Project Scope
Select all that apply:

☐ Less than 10 hours
☐ 10–20 hours
☐ 20–40 hours
☐ 40–80 hours
☐ 80+ hours

Can the project be broken into smaller phases?
☐ Yes ☐ No
If yes, describe: _____

Support Available

What support can your department provide?

☐ Project mentor/supervisor

☐ Subject matter expert access

☐ Existing data/resources

☐ Workspace or equipment

☐ Regular check-ins

☐ Training/orientation

☐ Other: _____

_____

Risk Assessment

If the project is not completed, what is the impact?

☐ Minimal

☐ Low

☐ Moderate

☐ High

Please explain: _____

_____

_____

Additional Notes

Are there any special considerations, deadlines, stakeholders, or resources learners should know about? _____

_____

_____

_____

Approval

Supervisor Name:_____

Signature (if required): _____

Date: _____