

**PART I**  
(To be completed by Training Management, CEHND-TD)

|    |  |
|----|--|
| TO | FROM<br>CDR, US ARMY ENGINEER DIVISION, HUNTSVILLE<br>ATTENTION: CEHND-TD<br>POST OFFICE BOX 1600<br>HUNTSVILLE, AL 35807-4301 |
|----|--|

|                 |                          |                          |
|-----------------|--------------------------|--------------------------|
| 1. COURSE TITLE | 2. COURSE CONTROL NUMBER | 3. COURSE LENGTH (Hours) |
|-----------------|--------------------------|--------------------------|

|                |               |
|----------------|---------------|
| 4. TYPE COURSE | 5. CLASS SIZE |
|----------------|---------------|

6. COURSE HISTORY

|                           |                                     |                           |
|---------------------------|-------------------------------------|---------------------------|
| NUMBER OF YEARS CONDUCTED | NUMBER OF YEARS IN PROSPECT PROGRAM | TOTAL STUDENTS COMPLETING |
|---------------------------|-------------------------------------|---------------------------|

| FISCAL YEAR | SURVEY  |         | ALLOCATIONS |         | CONDUCTED |         |
|-------------|---------|---------|-------------|---------|-----------|---------|
|             | SESSION | STUDENT | SESSION     | STUDENT | SESSION   | STUDENT |
|             |         |         |             |         |           |         |
|             |         |         |             |         |           |         |
|             |         |         |             |         |           |         |
|             |         |         |             |         |           |         |

7. CEHND-TD RECOMMENDATION \_\_\_\_\_ SESSIONS TO BE SURVEYED FOR FY \_\_\_\_\_

8. CEHND-TD COMMENTS

|                |                 |           |
|----------------|-----------------|-----------|
| COURSE MANAGER | DATE (YYYYMMDD) | SIGNATURE |
|----------------|-----------------|-----------|

**PART II**

*(To be completed by the USACE Proponent)*

|  |      |
|--|------|
| TO<br>CDR, US ARMY ENGINEER DIVISION, HUNTSVILLE<br>ATTENTION: CEHND-TD<br>POST OFFICE BOX 1600<br>HUNTSVILLE, AL 35807-4301 | FROM |
|--|------|

|  |   |  |
|--|---|--|
| 1. COURSE NEEDED IN FY _____ ?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | 2. ESTIMATED NUMBER OF STUDENTS FY _____ ?<br>_____ | 3. NUMBER OF YEARS COURSE SHOULD BE CONTINUED<br>_____ |
|--|---|--|

4. COURSE FREQUENCY  
 EVERY YEAR       EVERY TWO YEARS       OTHER (*Please Specify*) \_\_\_\_\_

5. RELATIONSHIP OF THIS COURSE TO OTHER TRAINING

a. IS TRAINING OF A SIMILAR NATURE AVAILABLE THROUGH GOVERNMENT, INDUSTRY OR ACADEMIA?       YES       NO

b. IF YES, WHY MUST THIS BE CONDUCTED AS A USACE COURSE? (*If available training is insufficient, unsatisfactory, etc., please explain.*)

6. REMARKS

a. ARE ANY MAJOR/MINOR CHANGES TO THE FY \_\_\_\_\_ COURSE/MATERIALS ANTICIPATED, I.E., NEW REGULATIONS, POLICY, ETC.,?       YES (*If yes please specify*) \_\_\_\_\_       NO

IF CHANGES ARE ANTICIPATED, PLEASE ESTIMATE HOW MUCH THESE CHANGES WILL COST \_\_\_\_\_

b. IS A SUFFICIENT SUPPLY OF DEVELOPERS/INSTRUCTORS AVAILABLE AT THIS TIME TO SUPPORT TRAINING DEVELOPMENT/PRESENTATION NEEDS?       YES       NO

c. THE FOLLOWING MONTHS WOULD PROVE MOST PRACTICAL FOR THE COURSE SESSIONS TO BE SCHEDULED (*Please consider instructors availability and peak work periods*)

d. OTHER COMMENTS

|  |                 |           |
|--|-----------------|-----------|
| NAME AND ORGANIZATION SYMBOL OF COURSE PROPONENT<br>( <i>Type or Print</i> ) | DATE (YYYYMMDD) | SIGNATURE |
|--|-----------------|-----------|