

EVALUATION OF PROPOSED TRAINING COURSE For use of this form, see ER 690-1-414; the proponent agency is CEHR-H		USACE CONTROL NUMBER	REQUIREMENT CONTROL SYMBOL CEHR-H-25
NOTE: FORM MAY BE SUBMITTED AT ANY TIME; HOWEVER, TO BE INCLUDED IN THE NEXT SCHEDULED TRAINING NEEDS SURVEY, IT MUST BE RECEIVED BY CEHR-H BY 1 JULY.			
TO CDR, USACE (CEHR-H) WASHINGTON, D.C. 20314-1000		FROM (Originator - Name and Organization Address)	
PART I (Originator completes Part I and forwards all parts to CEHR-H. If originator is also proponent, complete Parts I and III before sending to CEHR-H. Use additional sheets if necessary)			
1. PROPOSED COURSE TITLE			
2. PURPOSE (Explain why this course is needed, and what knowledge, skills and abilities trainees should obtain from the course)			
3. SUGGESTED TASKS/TOPICS TO BE COVERED BY THIS COURSE			
4. TARGET AUDIENCE (List the types of employees who should attend. Include functional areas, grade levels and series of potential students, list any knowledge or skills nominees should have <u>before</u> attending this class.)			
5. ESTIMATED NUMBER TO BE TRAINED TOTAL _____ 1st YEAR _____ EACH ADDITIONAL YEAR _____ % YEARLY TURNOVER _____ EXPLAIN THE METHOD USED TO DETERMINE THESE NUMBERS			
6. SUGGESTED HQUSACE PROPONENT ORGANIZATION/POINT OF CONTACT			
7. COMMENTS			
NAME, TITLE AND ORGANIZATION (Type or Print)		TELEPHONE NUMBER (Include area code)	SIGNATURE
		DATE (YYYYMMDD)	

PART II
(CEHR-H Completes Part II and forwards to proponent)

1. PROPOSED COURSE TITLE	2. CEHR-H CONTROL NUMBER
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3. IDENTIFICATION OF PROPONENT ORGANIZATION *(Include point of contact and telephone number)*

4. COMMENTS

NAME AND TITLE <i>(Type or Print)</i>	TELEPHONE NUMBER <i>(Include area code)</i>	SIGNATURE
	DATE <i>(YYYYMMDD)</i>	

PART III

(Course proponent completes Part III and returns to CEHR-H. Use additional sheets, if necessary.)

TO CDR, USACE (CEHR-H) WASHINGTON, D.C. 20314-1000	FROM (Originator - Name and Organization Address)
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1. PROPOSED COURSE TITLE	2. CEHR-H CONTROL NUMBER	3. SUSPENSE DATE (YYYYMMDD)
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4. CONCUR WITH RECOMMENDATION TO DEVELOP PROPOSED NEW COURSE AS A USACE TRAINING COURSE? *(Explain your recommendations.)* YES NO

5. WHAT TASKS/TOPICS SHOULD BE ADDED/DELETED FROM BLOCK 3, PART I?

6. GENERAL

a. CURRICULUM STABILITY

(1) HOW OFTEN ARE CHANGES ANTICIPATED? _____

(2) WHAT TYPES OF CHANGES WOULD BE INVOLVED? *(e.g., regulation update/changes on-the-job task changes, etc.)*

(3) HOW EXTENSIVE WOULD THE CHANGES BE? *(e.g., major - entire course, moderate - half the course; minor - little change, etc.)*

b. WHEN IS THE FIRST TRAINING NEEDED? *(Quarter/Year, justify any requirements less than 18 months.)* _____

c. IS THE TRAINING BASIC OR ADVANCED LEVEL?

7. SPECIAL COURSE CONSIDERATIONS *(e.g., equipment needs, computer time, funding, regional application, etc.,)*

8. TARGET AUDIENCE *(Amplify/clarify/verify information furnished in Part I, blocks 4 and 5)*

9. RECOMMEND CLASSROOM OR EXPORTABLE TRAINING *(Explain recommendation)*

10. RECOMMEND SOURCE FOR DEVELOPERS OF COURSE MATERIALS: CORPS EMPLOYEES LABS CONTRACTORS
(Explain recommendation)

11. SUGGESTED SOURCE FOR INSTRUCTORS, IF CLASSROOM TRAINING RECOMMENDED IN 9 ABOVE:
CORPS EMPLOYEES LABS CONTRACTORS *(Explain recommendation)*

12. COMPLETE FOR ITEMS CHECKED IN 10 AND 11 ABOVE. *(Name, Organization, and Telephone, if known)*

a. INSTRUCTORS

b. COURSE DEVELOPERS/SUBJECT MATTER EXPERTS

c. POTENTIAL CONTRACTORS

d. LABS

13. REMARKS

NAME, TITLE AND ORG. SYMBOL <i>(Type or Print)</i>	TELEPHONE NUMBER <i>(Include area code)</i>	SIGNATURE
	DATE (YYYYMMDD)	

PART IV

(CEHND-TD Completes and forwards copy to CEHR-H. Use additional sheets, if necessary.)

TO CDR, US ARMY ENGINEER DIVISION, HUNTSVILLE ATTENTION: CEHND-TD POST OFFICE BOX 1600 HUNTSVILLE, AL 35807-4301	TO CDR, USACE (CEHR-H) WASHINGTON, D.C. 20314-1000
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1. COURSE TITLE	2. CEHR-H CONTROL NUMBER	3. SUSPENSE DATE (YYYYMMDD)
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4. SIMILAR COURSE OR DUPLICATION OF SUBJECT MATTER OFFERED IN OTHER COURSES BY USACE, FEDERAL GOVERNMENT, INDUSTRY, OR ACADEME?

5. RECOMMEND CLASSROOM OR EXPORTABLE TRAINING *(Explain recommendation)*

6. CEHND-TD TO CONTROL NUMBER	7. CLASS SIZE <i>(if classroom training selected)</i>
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8. COURSE TO BE DEVELOPED BY

9. COURSE TO BE TAUGHT BY *(Classroom only)*

10. ESTIMATED COST *(In Dollars)*

a. DEVELOPMENT	b. FIRST YEAR	c. SECOND YEAR	d. THIRD YEAR
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11. REMARKS *(CEHND-TD reaction in terms of funding instructor availability, CEHND-TD staff effort required, time needed to develop, etc.,)*

12. PREPARED BY

NAME AND TITLE <i>(Type or Print)</i>	TELEPHONE NUMBER <i>(Include area code)</i>	SIGNATURE
	DATE (YYYYMMDD)	

13. APPROVED BY

NAME AND TITLE <i>(Type or Print)</i>	TELEPHONE NUMBER <i>(Include area code)</i>	SIGNATURE
	DATE (YYYYMMDD)	