

EVALUATION OF PROPOSED TRAINING COURSE*(ER 690-1-414)*

USACE CONTROL NUMBER

RCS: 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)
WASH DC 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 knowledges, 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 before 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)*

SIGNATURE

TELEPHONE NO. *(Incl. Area Code)*

DATE

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

1. PROPOSED COURSE TITLE

2. CEHR-H CONTROL NUMBER

3. IDENTIFICATION OF PROPONENT ORGANIZATION *(Include point of contact and telephone number)*

7. COMMENTS

NAME AND TITLE *(Type or Print)*

SIGNATURE

TELEPHONE NO. *(Incl. Area Code)*

DATE

PART III

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

TO: CDR, USACE (CEHR-H) WASH DC 20314-1000	FROM:	
1. PROPOSED COURSE TITLE	2. CEHR-H CONTROL NUMBER	3. SUSPENSE DATE
4. CONCUR WITH RECOMMENDATION TO DEVELOP PROPOSED NEW COURSE AS A USACE TRAINING COURSE? (Explain your recommendations.) <input type="checkbox"/> YES <input type="checkbox"/> 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? <i>(e.g. regulation update/changes, on-the-job task changes, etc.)</i> (3) HOW EXTENSIVE WOULD THE CHANGES BE? <i>(e.g. major - entire course; moderate - half the course; minor - little change; etc.)</i> b. WHEN IS THE FIRST TRAINING NEEDED? <i>(Qtr./Yr; justify any requirements less than 18 months.)</i> c. IS THE TRAINING <input type="checkbox"/> BASIC OR <input type="checkbox"/> ADVANCED LEVEL?		
7. SPECIAL COURSE CONSIDERATIONS (e.g. equipment needs, computer time, funding, regional application, etc.)		
8. TARGET AUDIENCE <i>(Amplify/clarify/verify information furnished in Part I, Blocks 4 and 5.)</i>		
9. RECOMMEND CLASSROOM <input type="checkbox"/> OR EXPORTABLE TRAINING <input type="checkbox"/> <i>(Explain recommendation)</i>		
10. RECOMMEND SOURCE FOR DEVELOPERS OF COURSE MATERIALS: CORPS EMPLOYEES <input type="checkbox"/> LABS <input type="checkbox"/> CONTRACTORS <input type="checkbox"/> <i>(Explain recommendation)</i>		
11. SUGGESTED SOURCE FOR INSTRUCTORS, IF CLASSROOM TRAINING RECOMMENDED IN 9 ABOVE: CORPS EMPLOYEES <input type="checkbox"/> LABS <input type="checkbox"/> CONTRACTORS <input type="checkbox"/> <i>(Explain Recommendation)</i>		
12. COMPLETE FOR ITEMS CHECKED IN 10 AND 11 ABOVE. <i>(Name, Organization, and Telephone, if known):</i>		
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>	SIGNATURE	TELEPHONE NO. <i>(Incl. Area Code)</i>
		DATE

