

<b>VERIFICATION OF TRAINING NEEDS FY</b> For use of this form, see ER 690-1-414; the proponent agency is CEHR-H.					REQUIREMENT CONTROL NUMBER: <i>CEHR-H-24</i>	
<b>PART I</b> <i>(To be completed by Training Management, CEHND-TD)</i>						
1. TO			2. FROM CDR, US ARMY ENGINEER DIVISION, HUNTSVILLE ATTENTION: CEHND-TD POST OFFICE BOX 1600 HUNTSVILLE, AL 35807-4301			
3. COURSE TITLE			4. COURSE CONTROL NUMBER		5. COURSE LENGTH <i>(Hours)</i>	
6. TYPE COURSE			7. CLASS SIZE			
8. COURSE HISTORY						
a. NUMBER OF YEARS CONDUCTED		b. NUMBER OF YEARS IN PROSPECT PROGRAM			c. TOTAL STUDENTS COMPLETING	
9.	a. SURVEY		b. ALLOCATIONS		c. CONDUCTED	
FISCAL YEAR	(1) SESSION	(2) STUDENT	(1) SESSION	(2) STUDENT	(1) SESSION	(2) STUDENT
10a. CEHND-TD RECOMMENDATION _____ b. SESSIONS TO BE SURVEYED FOR FY _____						
11. CEHND-TD COMMENTS						
12a. COURSE MANAGER <i>(Last, First MI)</i>			b. DATE (YYYYMMDD)		c. COURSE MANAGER'S SIGNATURE	

<b>PART II</b> <i>(To be completed by the USACE Proponent)</i>		
<b>1. TO</b> CDR, US ARMY ENGINEER DIVISION, HUNTSVILLE ATTENTION: CEHND-TD POST OFFICE BOX 1600 HUNTSVILLE, AL 35807-4301	<b>2. FROM</b>	
<b>3. COURSE NEEDED IN FY _____ ?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>4. ESTIMATED NUMBER OF STUDENTS FY _____ ?</b> _____	<b>5. NUMBER OF YEARS COURSE SHOULD BE CONTINUED</b> _____
<b>6. COURSE FREQUENCY</b> <input type="checkbox"/> a. EVERY YEAR <input type="checkbox"/> b. EVERY TWO YEARS <input type="checkbox"/> c. OTHER <i>(Please Specify)</i> _____		
<b>7. RELATIONSHIP OF THIS COURSE TO OTHER TRAINING</b> a. IS TRAINING OF A SIMILAR NATURE AVAILABLE THROUGH GOVERNMENT, INDUSTRY OR ACADEMIA? <input type="checkbox"/> YES <input type="checkbox"/> NO b. IF YES, WHY MUST THIS BE CONDUCTED AS A USACE COURSE? <i>(If available training is insufficient, unsatisfactory, etc., please explain.)</i>  		
<b>8. REMARKS</b> a. ARE ANY MAJOR/MINOR CHANGES TO THE FY _____ COURSE / MATERIALS ANTICIPATED, I.E., NEW REGULATIONS, POLICY, ETC.,? <input type="checkbox"/> YES <i>(If yes please specify)</i> _____ <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		
c. THE FOLLOWING MONTHS WOULD PROVE MOST PRACTICAL FOR THE COURSE SESSIONS TO BE SCHEDULED <i>(Please consider instructors availability and peak work periods)</i>  		
<b>d. OTHER COMMENTS</b>		
<b>9a. NAME AND ORGANIZATION SYMBOL OF COURSE PROPONENT</b> <i>(Type or Print)</i>	<b>b. DATE (YYYYMMDD)</b>	<b>c. COURSE PROPONENT'S SIGNATURE</b>