Print Form | E-mail

EVALUATION OF PROPOSED TRAINING COURSE For use of this form, see ER 690-1-414; the proponent agency is CEHR-H.	1. 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.

2. TO CDR, USACE (CEHR-H) WASHINGTON, D.C. 20314-1000	3. 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 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

8a. NAME *(Last, First MI)* TITLE AND ORGANIZATION	b. TELEPHONE NUMBER	d. SIGNATURE
	c. DATE *(YYYYMMDD)*	

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)*

4. COMMENTS

5a. NAME *(Last, First MI)* AND TITLE	b. TELEPHONE NUMBER	d. SIGNATURE
	c. DATE *(YYYYMMDD)*	

PART III

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

1. TO CDR, USACE (CEHR-H) WASHINGTON, D.C. 20314-1000	2. FROM *(Originator - Name and Organization Address)*	
3. PROPOSED COURSE TITLE	4. CEHR-H CONTROL NUMBER	5. SUSPENSE DATE *(YYYYMMDD)*

6. CONCUR WITH RECOMMENDATION TO DEVELOP PROPOSED NEW COURSE AS A USACE TRAINING COURSE? *(Explain your recommendations.)* ☐ YES ☐ NO

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

8. 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 ☐ (1) BASIC OR ☐ (2) ADVANCED LEVEL?

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

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

11. RECOMMEND CLASSROOM ☐ a. OR EXPORTABLE TRAINING ☐ *b. (Explain recommendation)*

12. RECOMMEND SOURCE FOR DEVELOPERS OF COURSE MATERIALS: CORPS EMPLOYEES ☐ a. LABS ☐ b. CONTRACTORS ☐ *(Explain recommendation)*

13. SUGGESTED SOURCE FOR INSTRUCTORS, IF CLASSROOM TRAINING RECOMMENDED IN 11 ABOVE:

a. CORPS EMPLOYEES ☐ b. LABS ☐ c. CONTRACTORS ☐ d. (*Explain recommendation)*

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

a. INSTRUCTORS

b. COURSE DEVELOPERS / SUBJECT MATTER EXPERTS

c. POTENTIAL CONTRACTORS

d. LABS

15. REMARKS

16a. NAME *(Last, First MI)* TITLE AND OFFICE SYMBOL	b. TELEPHONE NUMBER	d. SIGNATURE
	c. DATE *(YYYYMMDD)*	

PART IV

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

TO	TO
CDR, US ARMY ENGINEER DIVISION, HUNTSVILLE ATTENTION: CEHND-TD POST OFFICE BOX 1600 HUNTSVILLE, AL 35807-4301	CDR, USACE (CEHR-H) WASHINGTON, D.C. 20314-1000

1. COURSE TITLE	2. CEHR-H CONTROL NUMBER	3. SUSPENSE DATE *(YYYYMMDD)*

4. SIMILAR COURSE OR DUPLICATION OF SUBJECT MATTER OFFERED IN OTHER COURSES BY USACE, FEDERAL GOVERNMENT, INDUSTRY, OR ACADEME?

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

6. CEHND-TD TO CONTROL NUMBER	7. CLASS SIZE *(if classroom training selected)*

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

11. REMARKS *(CEHND-TD reaction in terms of funding instructor availability, CEHND-TD staff effort required, time needed to develop, etc.,)*

12.
PREPARED BY

a. NAME *(Last, First MI)* AND TITLE	b. TELEPHONE NUMBER	d. SIGNATURE
	c. DATE *(YYYYMMDD)*	

13.
APPROVED BY

a. NAME *(Last, First MI)* AND TITLE	b. TELEPHONE NUMBER	d. SIGNATURE
	c. DATE *(YYYYMMDD)*	