

APPENDIX D

<b>EVALUATION OF PROPOSED TRAINING COURSE</b> <small>(ER 690-1-414)</small>	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:  <b>CDR, USACE (CEHR-H)</b> <b>WASH DC 20314-1000</b>	FROM: <i>(Originator- Name and Organization Address)</i>	
<b>PART I</b> <small>(Originator completes Part 1 and forwards all parts to CEHR-H. If originator is also Proponent, complete Parts 1 and 111 before sending to CEHR-H. Use additional sheets if necessary)</small>		
1. PROPOSED COURSE TITLE		
2. PURPOSE <small>(Explain why this course is needed, and what knowledges, skills, and abilities trainees should obtain from the course.)</small>		
3. SUGGESTED TASKS/TOPICS TO BE COVERED BY THIS COURSE		
4. TARGET AUDIENCE <small>(List the 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.)</small>		
5. ESTIMATED NUMBER TO BE TRAINED  <div style="display: flex; justify-content: space-around;"> <span>TOTAL _____</span> <span>1st YEAR _____</span> <span>EACH ADDITIONAL YEAR _____</span> <span>% YEARLY TURNOVER _____</span> </div> EXPLAIN THE METHOD USED TO DETERMINE THESE NUMBERS:		
6. SUGGESTED HQUSACE PROPONENT ORGANIZATION/POINT OF CONTACT		
<b>7. COMMENTS</b>  <b>FOR ILLUSTRATION PURPOSES ONLY</b> <b>(Local reproduction authorized - blank masters available from local FMO)</b>		
NAME, TITLE AND ORGANIZATION <small>(Type or Print)</small>	SIGNATURE	TELEPHONE NO. <small>(Incl. Area Code)</small> <hr/> DATE

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<b>PART II</b> <i>(CEHR-H completes Part II and forwards to proponent)</i>		
1. PROPOSED COURSE TITLE	2. CEHR-H CONTROL NUMBER	
3. IDENTIFICATION OF PROPONENT ORGANIZATION <i>(Include point of contact and telephone number)</i>		
7. COMMENTS		
<b>FOR ILLUSTRATION PURPOSES ONLY</b> <b>(Local reproduction authorized - blank masters available from local FMO)</b>		
NAME AND TITLE <i>(Type or Print)</i>	SIGNATURE	TELEPHONE NO. <i>(Incl. Area Code)</i>
		DATE

PART III <i>(Course proponent completes Part III and returns to CEHR-H. Use additional sheets if necessary)</i>		
<b>TO</b>  CDR, USACE (CEHR-H) WASH DC 20314-1000	<b>FROM</b>	
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? <i>(Explain your recommendations.)</i>		
		<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>(Qrt/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 <i>(e. g. equipment needs, computer time, funding, regional application, etc.)</i>		
8. TARGET AUDIENCE <i>(Amplify/clarify/verify information furnished in Part 1, 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		
<b>FOR ILLUSTRATION PURPOSES ONLY</b> <b>(Local reproduction authorized - blank masters available from local FMO)</b>		
NAME, TITLE AND ORG SYMBOL <i>(Type or Print)</i>	SIGNATURE	TELEPHONE NO <i>(Incl. Area Code)</i>
		DATE

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PART IV <small>(CEHN-TD completes and forwards copy to CEHR-H. Use additional sheets, if necessary.)</small>			
<b>TO:</b> CDR, US ARMY ENGR. DIV., HUNTSVILLE ATTN: CEHND-TD P.O. BOX 1600 HUNTSVILLE, AL 35807-4301		<b>FROM:</b> CDR, USACE (CEHR-H) WASH DC 20314-1000	
1. COURSE TITLE		2. CEHR-H CONTROL NUMBER	3. SUSPENSE DATE
4. SIMILAR COURSE OR DUPLICATION OF SUBJECT MATTER OFFERED IN OTHER COURSES BY USACE, FEDERAL GOVERNMENT, INDUSTRY, OR ACADEME? <small>(Explain research method and result)</small>			
5. RECOMMEND CLASSROOM OR <input type="checkbox"/> EXPORTABLE TRAINING <input type="checkbox"/> <small>(Explain recommendation)</small>			
6. CEHND-TD TO CONTROL NUMBER		7. CLASS SIZE <small>(If classroom training selected)</small>	
8. COURSE TO BE DEVELOPED BY			
9. COURSE TO BE TAUGHT BY <small>(Classroom only)</small>			
10. ESTIMATED COST (IN DOLLARS)			
a. DEVELOPMENT	b. FIRST YEAR	c. SECOND YEAR	d. THIRD YEAR
11. REMARKS <small>(CEHND-TD reaction in terms of funding instructor availability. CEHND-TD staff effort required, time needed to develop, etc)</small>			
<b>FOR ILLUSTRATION PURPOSES ONLY</b> <b>(Local reproduction authorized - blank masters available from local FMO)</b>			
12. PREPARED BY			
NAME AND TITLE <small>(Type or Print)</small>	SIGNATURE	TELEPHONE NO. <small>(Incl. Area Code)</small>	
		DATE	
13. APPROVED BY			
NAME AND TITLE <small>(Type or Print)</small>	SIGNATURE	TELEPHONE NO. <small>(Incl. Area Code)</small>	
		DATE	