

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

**TO: HQ USACE**  
**(CoP):** \_\_\_\_\_  
**(Rep):** \_\_\_\_\_  
**441 G Street, NW**  
**Washington DC 20314-1000**

**Note:** Originator identifies responsible USACE Community of Practice (CoP), enters identified CoP/sub-CoP and representative under "TO: HQ USACE" in spaces provided on left, and emails form to CoP representative. CoPs and representatives can be identified by going to <https://cops.usace.army.mil/default.aspx>. E&C CoP sub-CoPs can be identified by going to <https://ten.usace.army.mil/TechExNet.aspx>.

*If originator is HQ CoP Leader/HQ proponent, complete Parts I and II and send form to course proponent. For additional space, use Part VI. "Continuation"*

**PART I - ORIGINATOR**

*Complete Part I and email identified CoP representative.*

1. PROPOSED COURSE TITLE: \_\_\_\_\_

2. PERFORMANCE DEFICIENCY (*Explain why course is needed and what knowledge, skills, and abilities learners should gain from course*):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. SUGGESTED SKILLS/KNOWLEDGE THAT WILL REMEDY PERFORMANCE DEFICIENCY (*Use Part VI "Continuation from Part I to continue*):

a. _____	b. _____
c. _____	d. _____
e. _____	f. _____
g. _____	h. _____
i. _____	j. _____
k. _____	l. _____
m. _____	n. _____

4. TARGET AUDIENCE: (*List employees who should attend. Include functional areas, grade, levels and series; whether for new, intermediate, or advanced learners. List any knowledge or skills nominees should have before attending this course*):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. COMMENTS: (*List any additional information that supports this course proposal*) (*Use Part VI, continuation for additional space*):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME, TITLE, ORGANIZATION	EMAIL	SIGNATURE ( <i>originator</i> )
	TELEPHONE NBR	

**PART II - COMMUNITY OF PRACTICE LEADER (CoPL)/HQ PROPONENT REVIEW** *(provides funding for new courses)*

1. COP LEADER DECISION ON PROPOSED TRAINING:  Approved Training Requirement  Disapproved Training Request

2. REASON(S) FOR DISAPPROVAL (Use Part VI, continuation for additional space):

3. (IF APPROVED), WHY DOES THIS TRAINING NEED TO BE DEVELOPED? (Place "X" to right of each that applies.)

a. New/changed legal/regulatory requirement	<input type="checkbox"/>	b. Career program development	<input type="checkbox"/>
c. Career program change (ACTEDS)	<input type="checkbox"/>	d. Skill development	<input type="checkbox"/>
e. New industry process or procedure	<input type="checkbox"/>	f. New equipment	<input type="checkbox"/>
g. New Corps process or procedure	<input type="checkbox"/>	h. Safety	<input type="checkbox"/>
i. Other (enter to right):			

4. DO SUGGESTED SKILLS/KNOWLEDGE IN PART I ADDRESS CORPS-WIDE PERFORMANCE DEFICIENCY? Yes  No

5. ARE THERE PERSONNEL IDENTIFIED TO DEVELOP AND/OR DELIVER THIS COURSE IF APPROVED? Yes  No

6. WHAT IS SOURCE FOR COURSE DEVELOPMENT/DELIVERY?  In-House  Training Agent  Contractor

7. DESIGNATED COURSE PROPONENT (name, email, phone number):

8. COMMENTS (See Part VI, continuation for additional space):

NAME, TITLE, ORGANIZATION	EMAIL	SIGNATURE (CoP Leader/HQ Proponent)
	TELEPHONE NBR	
<i>Proponent provides funding for new courses.</i>		

**PART III - COURSE PROPONENT REVIEW**

1. DOES SOLUTION ALREADY EXIST THAT MEETS/PARTIALLY MEETS PERFORMANCE DEFICIENCY? EXPLAIN BELOW:

2. REQUIRED/APPLICABLE TECHNICAL COMPETENCIES:

3. APPROXIMATELY HOW MANY LEARNERS REQUIRE THIS TRAINING ANNUALLY? (Describe method used to determine this number.)

4. RECOMMENDED CLASS SIZE (Maximum):

5. DISTRIBUTED LEARNING (DL) CONSIDERATIONS (Select all that apply) (Selecting two or more items results in DL review)

a. Basic skills/knowledge	<input type="checkbox"/>	b. Stable content	<input type="checkbox"/>
c. Large population (100 or more annually)	<input type="checkbox"/>	d. Knowledge using lectures	<input type="checkbox"/>
e. Minimum hands on	<input type="checkbox"/>	f. Learners already use computers	<input type="checkbox"/>
g. Diverse target population (multiple career fields)	<input type="checkbox"/>	h. DL Review for entire course	<input type="checkbox"/>
i. DL Review for parts/sections (explain in Item 6)			

6. COMMENTS (Use Part VI, continuation for additional space):

NAME, TITLE, ORGANIZATION	EMAIL	SIGNATURE (Course Proponent)
	TELEPHONE NBR	

**PART IV - LEARNING CENTER (ULC) REVIEW**

1. RESEARCH RESULTS OF AVAILABLE TRAINING (Continue in item 9 and Part VI, Continuation if needed):

2. RECOMMENDATION FOR TRAINING DEVELOPMENT:      Yes       No       (explain in item 9 and Part VI, cont. if needed)

3. WHAT IS THE SOURCE FOR COURSE DEVELOPMENT/DELIVERY?      In-House       Training Agent       Contractor

4. PROPOSED SURVEY SCHEDULE:       5. ASSIGNED COURSE NBR:       6. DEVELOPMENT COST:

7. CLASS SIZE:       8. COMMUNITY OF PRACTICE:

9. COMMENTS (Use Part VI, continuation for additional space):

NAME, TITLE, ORGANIZATION	EMAIL	SIGNATURE (ULC)
	TELEPHONE NBR	

**PART V - HQ CEHR-D REVIEW**

1. DECISION TO EXECUTE PROSPECT COURSE REQUIREMENT:      Approve       Disapprove

2. COMMENTS ( Use Part VI, continuation for additional space ):

NAME, TITLE, ORGANIZATION	EMAIL	SIGNATURE (CEHR-D)
	TELEPHONE NBR	

**PART VI - CONTINUATION**

Additional space for Part I (*originator*):

Additional space for Part II (*CoP Leader/HQ Representative*):

Additional space for Part III (*Couse Proponent*):

Additional space for Part IV (*ULC*):

Additional space for Part V (*CEHR-D*):