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 .*

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 *(originator)*
	TELEPHONE NBR	

Send to CoP Leader/HQ Proponent

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	☐	b. Career program development	☐
c. Career program change (ACTEDS)	☐	d. Skill development	☐
e. New industry process or procedure	☐	f. New equipment	☐
g. New Corps process or procedure	☐	h. Safety	☐

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	

Proponent provides funding for new courses. Send to Course Proponent

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	☐	b. Stable content	☐
c. Large population (100 or more annually)	☐	d. Knowledge using lectures	☐
e. Minimum hands on	☐	f. Learners already use computers	☐
g. Diverse target population (multiple career fields)	☐	h. DL Review for entire course	☐
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	

Send to ULC

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	
		Send to CEHR-D

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	
		Return to ULC

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*):