

EOTA – Business Form



Document Title:

Design Document

Document Number:

ISDF-004 Rev. 10_0630

Document Owner:
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Backup Owner:
Melissa Otero

Approver(s):
Melissa Otero

Parent Document:
ISDP-001, Course Design Process

Notify of Changes:
ADM, ISD, QAM, ITT, MGT

Referenced Document(s):
ISDF-001 Technical Direction, ISDF-046 Training Design/Development Summary

Revision History:

Rev.	Description of Change
A	Initial Release
08_0709	Added Quality Assurance Manager Review section to form.
10_0630	Modified document to fit within TPP.

Course Title

Emergency Operations Training Academy

Design Document

Name of Course/Project:

Course Number:

Contractor Project Number: (Prime Contractor Assigned Code)

Federal Tracking Number: (Found on Technical Direction document)

Design Document Approved On: (Date) _____



Course Title

Training Need/ Purpose: (refer to Technical Direction)

Target Audience: (refer to Training Design/Development Summary)

Resource Documents: (refer to Training Design/Development Summary)

Prerequisites: (list source, level, and name)

Goal(s) and Objectives: (Based on Training Design/Development Summary, analysis, identified need)

Goal(s):

Terminal Objectives:

1.0

Enabling Objectives

1.1

1.2

2.0

2.1

2.2

3.0

3.1

3.1

4.0

4.1

4.2

Course Methodology:

Content Outline

I. Lesson Title

A. Subtitle

- 1
 - 2
 - 3
- a
 - b
 - c

B. Subtitle

- 1
- 2
- 3

II. Lesson Title

A. Subtitle

- 1
- 2
- 3

Methodology for Evaluation of Student Learning:

Describe evaluation of student learning (i.e. final exam, surveys, and discussion forums)

Course/Student/Project Materials:

Project Team Contact Info:

Name, position, phone number and email

Name	Title	Contact Information (phone # and email)
	Project Manager (PM2)	
	Project Lead (PL)	
	Point of Contact (POC)	
	Subject Matter Expert (SME)	
	IT Support (list names)	
	Quality Assurance Manager (QAM)	

Estimated Course Delivery Date: _____

Final Document Approval

A signature indicates acceptance of the Design Document as of the date noted. For offsite approval, attachment of email acceptance can be used in lieu of actual signature.

Annotate date of email indicating approval for applicable reviewer on signature line. Subsequent changes after approval has been obtained require rerouting of this approval document.

Review:

Project Manager (PM2)

Approved/Disapproved

_____, Date: _____
(Signature)

Review:

Quality Assurance Manager (QAM)

Approved/Disapproved

_____, Date: _____
(Signature)

Review:

SME (as applicable)

Approved/Disapproved

_____, Date: _____
(Signature)

Review:

POC/Project Requestor POC (final approval authority)

Approved/Disapproved

_____, Date: _____
(Signature)