EOTA – Business Form

	Document Title: **Training Design/Development Summary**
	Document Number: **ISDF-046 Rev. 10_0630**
Document Owner: **Elizabeth Sousa** ***Backup Owner:*** **Melissa Otero**	***Approver(s):*** **Melissa Otero**
Parent Document: **ISDP-001, Course Design/Development Process**	***Notify of Changes:*** **ADM, ISD, QAM, ITT, MGT**
Referenced Document(s): NA	

Revision History:

Rev.	Description of Change
10_0630	**Initial Release**

Emergency Operations Training Academy

Training Development Summary

Name of Course: (Course Title)

Course Number: Course Code

Contractor Project Number: (Prime Contractor Assigned Code)
Federal Tracking Number: (Found on Technical Direction document)

Course Number/Course Title	**Action Status** ❑ New ❑ Revise/Update ❑ Annual Review Requested completion date_____

EOTA Project Lead

Name/Organization:_____

Title:_____ e-mail: _____

Phone(s): (w) _____ (c) _____ (f) _____

HQ POC

Name/Organization:_____

Title:_____ e-mail: _____

Phone(s): (w) _____ (c)_____(f) _____

Subject Matter Expert(s) (SMEs) and/or Consultant Support

Name/Organization:_____

Title:_____ e-mail: _____

Phone(s): (w) _____ (c) _____ (f) _____

Name/Organization:_____

Title:_____e-mail: _____

Phone(s): (w) _____ (c) _____ (f) _____

Name/Organization:_____

Title:_____e-mail: _____

Phone(s): (w) _____ (c) _____ (f) _____

Name/Organization:_____

Title:_____e-mail: _____

Phone(s): (w) _____ (c) _____ (f) _____

Requirements / References *[Orders, Directives, Guides, etc...]*

_____

_____

_____

_____

Analysis

❑ **Unavailable** **Comment** _____

How will training need be validated? _____

❑ **Available** Title & Date: _____

Contact Name/Org/Phone: _____

Target Audience

Learning Level

❑ 100 ❑ 200 ❑ 300 ❑ 400

Prerequisite(s) required ❑ Yes ❑ No

Program Affiliation

❑ NA-40 ❑ NA-41 ❑ NA-42
❑ NA-43 ❑ NA-44 ❑ NA-45 ❑ NA-46
❑ NA-47 ❑ Other_____

Is this training a prerequisite ❑ Yes ❑ No

If yes list:

Presentation Platform

❑ WBT ❑ Instructor-Led ❑ Exercise

❑ Practicum: practical application emphasis

❑ Mobile Training Team ❑ Blended

❑ Other _____

Duration of Course

❑ 1-hr ❑ 2-hr ❑ 3-hr ❑ 4-hr
❑ 8-hr ❑ 12-hr ❑ 16-hr
❑ 20-hr ❑ 24-hr ❑ 36-hr ❑ 40-hr
❑ Other

Outcomes Desired by Training Requestor

Anticipated Training Outcomes

1. _____
2. _____
3. _____

How will training outcomes be measured?

1. _____
2. _____
3. _____
4. _____
5. _____

TPP	Deliverables/Significant Milestones			Projected Date	Date Delivered
Initiation/ Planning Phase	**Technical Direction (ISDF-001)** **Feasibility Assessment (ISDF-035)** **Training Design/Development Summary (ISDF-046)** **ISD History File Checklist (ISDF-012)**			**Completed** **Completed**	
Analysis Phase	**Analysis Process Plan (ISDF-045)**				
Design Phase	**Design Document (ISDF-004)**				
Development Phase	**Development Package**				
	❑ WBT: Script/Storyboard/ Test Matrix	❑ ILT/Practicum: Lesson Plan/Test Matrix			
	WBT	**ILT**	**Exercise**		
	❑ Design/ Development Checklist	❑ ILT/Ex Initial Preparation Checklist	❑ ILT/Ex Initial Preparation Checklist		
	❑ Track Change Sheet (WBT Review Checklist)		❑ Exercise: Dry Run		
	❑ Course Verification form	❑ Course Verification form	❑ Course Verification form		
Implementation Phase	❑ Course Announcement	❑ Course Announcement	❑ Course Announcement		
	❑ HQ appointed test group review ❑ Course Validation form	❑ Pilot (for first iteration) ❑ Course Validation form	❑ Pilot (for first iteration) ❑ Course Validation form		

TPP	Deliverables/Significant Milestones	Projected Date	Date Delivered
Evaluation Phase	**Student Feedback (ISDF-005/008)** **After Action Report (ISDF-010)**		
Close Out Phase	**FMT completion of Validation & Acceptance (ISDF-042)** **ISD History File Checklist (ISDF-012)**		

Additional Information

Final Approvals

Program Manager (PM1)

Name:_____

Date of approval: _____

FMT Member

Name:_____

Date of approval: _____

Expense Estimate for Course Number/Course Title		
LABOR		
Category/Name	**Estimated Hours**	**Estimated Cost**
Program Manager		
Project Lead		
Analyst		
Sr. Training Analyst/Lead		
IT Lead		
Multi-Media Specialist		
Graphics Designer		
Quality Assurance Manager		
Subtotal:		

TRAVEL			
Purpose	**Location**	**Duration**	**Estimated Cost**
		Subtotal:	
OTHER DIRECT COSTS			
Item	**Description**		**Estimated Cost**
		Subtotal:	
ADDITIONAL COSTS			
Item	**Description**		**Estimated Cost**
		Subtotal	
		NON-LABOR TOTAL:	
		PROJECT TOTAL:	