***Coordination Form for New Training***

*This form is required to develop or purchase a new training and enter it into the Learning Management System.*

***Note:*** *If you are intending to purchase training through the National Highway Institute, there is a separate and shorter process. Please contact the Office for Employee Development for Details.*

# STEP 1: TELL US ABOUT THE TRAINING ACTIVITY THAT YOU ARE PROPOSING

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| 1. **What is the title of the training?**

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1. **Who is the Senior Sponsor of the training?** **C. Who is the target audience for the training?**

 *(****e.g.*** *CDOTU College Dean, Department Head, RTD,* **(*e.g.*** *This training is for all CDOT supervisors)* *Regional Superintendent)*  1. **What are the expected outcomes/results of the training?** *(****e.g.*** *What will the participant be able to do after*

*training that he or she can’t do now?)*

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1. **What are the Learning Objectives supporting the proposed training results or outcomes?** (**e.g.***The**Participant successfully enters bi-annual goals for their employees in Performance Management system.)*

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1. **What is the Performance Measurement of the training?** *(****e.g.*** *What will the participant need to accomplish or demonstrate for the activity to be successful? Example: The participant will login to the Performance Management system, write two bi-annual performance goals using SMART criteria)*

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1. **What is the delivery method of this course?**

 **Instructor-led eLearning or Webinar** \* **Blended (Elements of both)** ***\**** *If your proposed course has an eLearning component, contact OED for the latest technical specifications for eLearning courses to be hosted on the CDOT LMS.*  |

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| 1. **What is the duration of the course in hours?** *(Assume 8 training hours per day. Over 8 hours is a multi-day course. If a multi-day course, please list the day and then hours.* ***e.g.*** *Day 1: 8 hours. Day 2: 4 hours. For eLearning, provide estimated hours to complete the course.)*

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 **Days : Hours** 1. **Is there a prerequisite for this course?** *(A “firm” prerequisite means people could not register for this course without completing the prerequisite first.)*

 **No Yes If “Yes”, Enter the Course title and LMS Item number below.**

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1. **Is this training mandatory by statute, policy or other directive to a specific audience?**

 **No Yes If “Yes”, Enter that statute, policy and/or audience below.**

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1. **What are the Reasons for Proposing the Activity Now?** (*Provide a brief explanation as to why the activity has been identified as a priority. If the activity is required by Federal or State statute, mandate or other directive, list that directive and the local Office of Primary Responsibility or Point of Contact for that directive.)*

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1. **Impact if the Activity is not approved:** *Are there consequences if this activity is not approved?*

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1. **Who will develop and/or deliver this course?**

 **CDOT Resource Vendor** \* **Other**  *If training is created by a vendor or other please provide the name and cost below.*

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|   |  **Cost:**  |   |

**Name of Vendor/Other:** 1. **List S*upporting Documents/Attachments*** *(****e.g.*** *A Detailed Estimate of Cost to Develop/Deliver; Information regarding Federal or State mandate for this activity; Letter of Support from the Sponsoring College, etc.)*

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# STEP 2: FOWARD THIS FORM TO YOUR SPONSOR FOR APPROVAL

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| 1. **College Dean or Executive Sponsor:** **Approved**   **Disapproved**

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|   | **Date:**  |   |

**Name/Signature:**

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**For the Sponsor:** *Is there a business outcome or metric this training supports or improves. If so describe* **Comments:** **For College Dean**: *Is/Should this training be listed in any Career Development Maps?* **Yes**  **No**

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**Comments:** 1. **Please email form and attachments to the CDOTU Administrator at** Michael.Muszynski@state.co.us
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# STEP 3: HR/OED COORDINATION (HR/OED USE ONLY)

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| **CDOTU/OED Review: Training Waiver Required: Yes No**

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|   | **Date:**  |   |

**Name/Signature:** **Director of HR (If required):** **Approved**   **Disapproved\***

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|   | **Date:**  |   |

**Name/Signature:** *\*If disapproved, comment/feedback is required. Please attach.* **FOR LMS Entry:**

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**LMS Course Title:**

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**LMS ITEM #:**

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**LMS Domain:**

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**Contact for Item:**  |