

Tracking No.

Processed Date:

Target Review Date:

Req. Approval Date:

DAU Requirements Submission Form

The purpose of this form is to accurately capture and track requirements for learning and/or performance- support initiatives.

Submission Date:

Project Title:

Requirement Description (GAP to be addressed):

Overarching objective of this project (Expected Learning or Performance Outcome):

Requirements Sponsor (Name/Phone number/email):

Key Stakeholders:

Deployment Date (Date deliverables must be ready):

Priority:

- Urgent
- Routine

Functional area:

- Auditing
- Acquisition/Program Management/Facilities Engineering/International
- Business (Financial Management, Cost Estimating, Earned Value)
- Contracting (IND, CON, PUR, GRT)
- Engineering and Technology (SE, IT, T&E, PQM, STM)
- Logistics
- Unknown

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For REVISION/MAINTENANCE efforts, complete information on learning asset type, target audience, and size only if information has changed.

Proposed Learning Asset Type/Support (s) – (DAU will still conduct an analysis of Alternatives)

- | | |
|---|---|
| <input type="checkbox"/> Classroom Course (CR) | <input type="checkbox"/> Distance Learning Course (DL) |
| <input type="checkbox"/> Blended Course (Classroom/DL) | <input type="checkbox"/> Continuous Learning Module (CLM) |
| <input type="checkbox"/> Gaming/simulation (GS) | <input type="checkbox"/> Community of Practice (CoP) |
| <input type="checkbox"/> Performance Learning Tool – Job Aids (PLT) | <input type="checkbox"/> Case Study (CS) |
| <input type="checkbox"/> Guidebook | <input type="checkbox"/> Subject Matter Expert (SME) |
| <input type="checkbox"/> Needs Analysis (NA) | <input type="checkbox"/> Technology Demonstration (TD) |
| <input type="checkbox"/> Other Support (OS) – Please specify below | |

Target Audience (Specific career field. Any special considerations, e.g. overseas, bandwidth limitations):

Approximate size of target audience population?

- 100 or less
- 101 – 1,000
- 1,001 – 3,000
- 3,001 - 10,000
- 10,000 or more

Resources:

Funding Required: Yes No

Source: _____ FY: _____ AMT: _____

SME Name(s): _____ Availability Date: _____

Content Readiness: _____ Date: _____

Project Lead/Point of Contact: (if POC is external to DAU there must be an identified LAM.)

Project Lead Name/Telephone Number/email

DAU LAM Name/Telephone Number/email

Additional Comments

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Requirements Review and Approval

Requirement Reviewed by:

Name: _____ Approved (Y/N) _____ Date _____

PLD

PLD Comments (if required):

Name: _____ Approved (Y/N) _____ Date _____

Center Director

Center Director Comments (if required):

Requirement Acceptance Board

Name: _____ Approved (Y/N) _____ Date _____

Judith Bayliss, LCIC Curriculum & Faculty Services Director

Comments (if required):

Name: _____ Approved (Y/N) _____ Date _____

Pat Wills, DSMC Associate Dean

Comments (if required):

Name: _____ Approved (Y/N) _____ Date _____

Karen Byrd, LCIC Learning Asset Program Manager

Comments (if required):

ADM: Next step (AOA, PWS, support requirements).

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Learning Asset Acquisition Decision Memorandum: