

APPENDIX Y

Worksheets for Course Maintenance

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These worksheets are designed to work in concert with the information presented in Chapter 8. There is not a specific job aid on how to complete this worksheet, as local procedures will dictate how your training command wishes to use this form in the course maintenance process.

The following worksheet has been provided to you for requesting updates or revisions to existing courses.

Number	Title
WS-Y.1	Curriculum Change Form

Worksheet Access

Samples of the worksheets are included in this appendix. Refer to the *SOP Downloads (Word Version)* page on TRACEN Petaluma's internet website for the most recent and usable copies of all Worksheets and Templates:
<http://www.uscg.mil/hq/cg1/TracenPetaluma/SOP/default.asp>

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WS-Y.1: Curriculum Change Form

WS-Y.1 CURRICULUM CHANGE NOTIFICATION <i>(ORIGINATOR COMPLETE BLOCKS 1 THROUGH 8 ONLY)</i>		
1. Originator's Name:	2. Course Name:	3. Request Date:
4. Type of Change: <input type="checkbox"/> MINOR CHANGE A change to correct editorial and typographical errors, teachability, safety, or urgent program manager-issued subjects.		
<input type="checkbox"/> TECHNICAL CHANGE Any change to tactical or training-unique equipment or documentation originating in the program that affects curriculum. A technical change may or may not affect individual lesson objectives, but DOES NOT affect terminal performance objectives, course length, or resources.		
<input type="checkbox"/> MAJOR CHANGE A major change to any course terminal performance objective, an increase in course length, or any change that requires additional resources.		
5. Instructional Materials Affected (Check all that are known to be affected): <input type="checkbox"/> CURRICULUM OUTLINE <input type="checkbox"/> JOB AID <input type="checkbox"/> CRITERION TEST <input type="checkbox"/> STUDENT GUIDE <input type="checkbox"/> INSTRUCTOR GUIDE <input type="checkbox"/> POWERPOINT <input type="checkbox"/> OTHER (SPECIFY) _____		
6. Describe what functionality or curriculum and lesson that this CR addresses:		
7. Define problem or the need for this change: (Only one per change notice. Attach additional sheets if necessary)		
8. Suggestion, Improvement or Recommendation: (Only one per change notice. Attach additional sheets if necessary)		
Review/Approval		
9. School Chief Approval <input type="checkbox"/> YES <input type="checkbox"/> NO Signature: _____ Title: _____ Date: _____		
10. Training Officer / Local ISD or PSB Approval of above change <input type="checkbox"/> YES <input type="checkbox"/> NO Signature: _____ Title: _____ Date: _____		
Forwarded for Prioritization of ISD Resources		
11. Prioritization Process Outcome <input type="checkbox"/> ISD Resource Assigned <input type="checkbox"/> Priority, but no resource currently available <input type="checkbox"/> No resources assigned, with PSB oversight will work with School to address Signature: _____		

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