

**LONG-TERM TRAINING (LTT) POST EVALUATION**

For use of this form, see ER 350-1-416; the proponent agency is CEHR-HD

THIS EVALUATION SHOULD BE COMPLETED ONE YEAR AFTER COMPLETION OF THE LTT ASSIGNMENT.  
THIS EVALUATION MUST BE FORWARDED TO CDR, USACE (CEHR-HD), WASHINGTON, D.C. 20314-10001. NAME (*Last, First MI.*)2. EMPLOYING ACTIVITY (*Complete mailing address*)**PART I - JOB DATA PRIOR TO LTT**

3. LOCATION

4. OFFICIAL TITLE, SERIES, AND GRADE  
(*from your SF 50, Notification of Personnel Action*)5. ORGANIZATIONAL TITLE (*e.g., Project Manager*)6. LOCATION IN EMPLOYING ACTIVITY (*Section, Branch, Division*)

7. BRIEF DESCRIPTION OF YOUR DUTIES

**PART II - LTT ASSIGNMENT DATA**

8. END OF SERVICE OBLIGATION DATE (YYYYMMDD)

**9. LTT PROGRAM TITLE AND TYPE**a. TITLE (*e.g., MRGP*)b. TYPE (*e.g., developmental assignment, university courses*)

10. SCHOOL/TRAINING ACTIVITY

11. ACTUAL PERIOD OF ATTENDANCE DATES (YYYYMMDD)

FROM \_\_\_\_\_ TO \_\_\_\_\_

12. ACADEMIC ACHIEVEMENT (*Did you earn an academic degree as a by-product of the LTT Program?*) YES  NO

IF ANSWER IS YES, COMPLETE AS APPROPRIATE: a. DEGREE \_\_\_\_\_

b. ACADEMIC DISCIPLINE \_\_\_\_\_ c. DATE AWARDED (YYYYMMDD) \_\_\_\_\_

**PART III - CURRENT JOB DATA**

13. LOCATION

14. OFFICIAL TITLE, SERIES, AND GRADE  
(*from your SF 50, Notification of Personnel Action*)15. ORGANIZATIONAL TITLE (*e.g., Project Manager*)16. LOCATION IN EMPLOYING ACTIVITY (*Section, Branch, Division*)

17. SUMMARY OF POSITIONS HELD SINCE LONG-TERM TRAINING.

*(If you have changed positions since you were selected for LTT, give series, grade, position title, and effective date for each change.)*

**PART III - CURRENT JOB DATA** *(Continued)*

18. BRIEF DESCRIPTION OF CURRENT DUTIES

19. LTT ASSIGNMENT BENEFITS. *(Describe how your LTT assignment prepared you for your current job.)*

**PART IV - SUPERVISOR'S EVALUATION**

*(To be completed by the supervisor if the trainee has not changed positions since the LTT assignment.)*

20. MISSION IMPACT *(Describe impact of trainee's participation in LTT on mission accomplishment.)*

21. REMARKS *(Use this space for continuation of above data items (Part I thru IV), as necessary, and for any additional comments on LTT.)*

22a. DATE (YYYYMMDD)

22b. TRAINEE'S SIGNATURE

23a. SUPERVISOR'S NAME

23b. DATE (YYYYMMDD)

23c. SUPERVISOR'S SIGNATURE