State of California – Department of Justice

POST – NEW COURSE CERTIFICATION TRAINING NEEDS ASSESSMENT

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Commission on
Peace Officer Standards and Training (**POST**)
860 Stillwater Road, Suite 100
West Sacramento, CA 95605-1630

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This form must be submitted to your POST Regional Consultant the required minimum <u>60 days in advance</u> of desired course presentation date(s). Please complete ALL portions. This does not constitute for presentation of a course until POST review is final and approval is granted.

A. COURSE INFORMATION

PROPOSED COURSE TITLE

DATE SUBMITTED (MM/DD/YY)

SUBMITTING PRESENTER

COURSE PRESENTATION DATE(S) – Use commas to separate dates (MM/DD/YY)

Are you affiliated with:
☐ A law enforcement agency
☐ A 501 (c) (3) or (4) Non-Profit Organization
☐ A Regional Training Center/Institute/Consortium
☐ A LLC, S-Corp, etc.
☐ A College

B. CONSULTATION

1. Did you consult with your regional POST Consultant prior to developing this proposed course?................................... ☐ Y ☐ N

    a. IF YES, provide Consultant's Name: _____ Date: _____

    b. IF NO, please give reason: _____

C. DEMONSTRATED NEED

1. Is there a demonstrated ***unmet/ongoing need*** expressed by a survey of agencies/associations?................................ ☐ Y ☐ N

    IF YES:

    a. Did you survey the County Chiefs & Sheriff's Association? .... ☐ Y ☐ N

       Association Name: _____

    b. Did you survey the training managers association and/or training association group? .... ☐ Y ☐ N

       Association Name(s): 1) _____
                       2) _____

    c. Did you survey other advisory groups (e.g., Community College Advisory Council)? .... ☐ Y ☐ N

       Council Name(s): 1) _____
                   2) _____

2. Are there ***existing courses*** available locally, or that can be imported into the area, to meet the need?........................ ☐ Y ☐ N

    a. Did you survey existing courses for performance and viability? .... ☐ Y ☐ N

    b. Result findings: Attendance numbers: _____

                     Projected presentation numbers: _____

3. Is the course an ***expressed priority*** by legislation/POST Commission? If YES, Statute or POST Regulation. _____ ☐ Y ☐ N

4. Is there required ***POST standardized curriculum***?... ☐ Y ☐ N

    a. IF YES, did you request a copy of the curriculum from your POST Consultant? .... ☐ Y ☐ N

D. DEMONSTRATED CAPABILITIES

1. Did you identify ***instructional expertise/capability*** to instruct this course? .... ☐ Y ☐ N

    a. Does the instructor require specialized training (e.g., AICC, Regulation 1070)? .... ☐ Y ☐ N

2. Do you have ***adequate and safe curriculum*** training facilities to hold this type of course instruction?........................... ☐ Y ☐ N

    a. Will this course be presented at multiple locations? .... ☐ Y ☐ N

    b. If applicable, will this course require a written ***safety policy***? .... ☐ Y ☐ N

3. If applicable, has this proposal been ***reviewed and approved*** by your agency/college chief executive, director, training administrator and training manager (or equivalent curriculum manager)?...................................... ☐ Y ☐ N

    Name(s): 1) _____ Title(s): _____
           2) _____   _____
           3) _____   _____

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D. DEMONSTRATED CAPABILITIES *continued*

4. Have you or your agency's training manager and/or administrator attended the POST-certified *Training Administrator's Course* and/or *Training Managers Course*? .... ☐ Y ☐ N

   Date: _____ Location: _____

E. ASSESSMENT

1. **Type of Course**

   ☐ Basic　☐ In-Service　☐ Technical　☐ Supervisory　☐ Management　☐ Executive

2. **Requirement(s)** *(check all that apply)*

   ☐ Legislative mandate　☐ Commission regulation　☐ Local agency need　☐ Regional agencies need

3. **Types of Students**

   ☐ Affiliated　☐ Non-affiliated　☐ New hires　☐ Incumbent　☐ Peace Officer　☐ Dispatcher　☐ NPO/Non-Dispatcher

4. **Schedule/Attendance**

   a. Number of presentations per year: _____

   b. Anticipated number of trainees attending per fiscal year: _____

   c. Maximum number of enrollees per class presentation: _____

5. Have you completed a budget for this course? .... ☐ Y ☐ N

   a. Are there subventions (i.e., FTEs, Grant, Contract, Tuition)? .... ☐ Y ☐ N

   IF YES, what are they: _____

   _____

   Estimated Tuition Fee per Student: $ _____

F. ADDITIONAL COMMENTS

Please provide written comments to further justify training need and to identify the unmet training need.

G. AUTHORIZATION

PRESENTER NO:

SIGNATURE OF INDIVIDUAL REQUESTING/AUTHORIZING COURSE CERTIFICATION **(REQUIRED)**

PRINT FULL NAME

TITLE

▶ DATE

CONTACT NUMBER　　EMAIL ADDRESS　　PROPOSED PRESENTER

FOR POST USE ONLY　RECEIVED VIA: ☐ MAIL　☐ EMAIL　☐ FAX　　RECEIVED BY:

THIS SPACE FOR DATE STAMP