Individual Assessment Form

Human Capital Framework Evaluator Training

Submit completed individual assessment form to EvaluatorTraining@opm.gov

Participant Registration Information

Date Registration Submitted: _____

Date of Training Course: _____

Name: _____ Position Title: _____

Agency: _____ Sub-agency/ Office: _____

Email: _____ Phone: _____

Supervisor Name: _____

Supervisor Email: _____

Have you attended OPM's HCF Evaluator Training before?   Yes ____   No ____
(Please mark one)

If yes, indicate the approximate date of your last training course below. *(month/year)*

_____

Pre-Assessment

Use the scale listed below to assess the following competency areas in the work you have performed. Select None, Minimal, Good, Excellent or N/A for each item.

1. None   -   No proficiency in this area
2. Minimal   -   Minimal proficiency in this area
3. Good   -   Good proficiency and experience in this area
4. Excellent -   Excellent proficiency and experience in this area
5. N/A   -   This area is not part of my position

Background	None	Minimal	Good	Excellent	N/A
Legal Foundation for Auditing					
HCF systems					
Strategic Alignment					
Talent Management					
Performance Culture					
Evaluation/Accountability					

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Pre-Review Phase	None	Minimal	Good	Excellent	N/A
Planning & Scheduling Review					
Determining Resources Needed					
Gathering Data					
Reviewing Reports					
Identifying Sample Size					
Selecting Interview Participants					

Review Phase	None	Minimal	Good	Excellent	N/A
Conducting In-Briefing					
Reviewing Records & Files					
Conducting Effective Interviews					
Conducting Out-Briefing					

Post-Review Phase	None	Minimal	Good	Excellent	N/A
Researching Issues					
Developing Review Findings					
Identifying Problems					
Writing Review Report					

Overall	None	Minimal	Good	Excellent	N/A
HR Review/Audit Experience					
Recruitment Experience					
Performance Culture Experience					

Do you hold a current delegated examining certification?

Yes	No

Accommodation Needs

We strive to make this training program compliant with Section 508 of the Rehabilitation Act Amendments of 1998 (29 U.S.C. 794). Section 508 requires us to provide Federal employees with disabilities access to and use of information and data that is substantially equivalent to the access and use of information and data provided to Federal employees without disabilities, unless doing so causes an undue burden.   Please respond to the questions below to help us better prepare for delivering this training program.

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Question	Response
Will you be using closed captioning to participate in the training program?	
Do you have any other accommodation needs? If yes, please describe.	

Other Registration Information

There is no cost to attend OPM's HCF Evaluator Training. We will assess nominations for registration and prioritize acceptance in the course according to individuals who conduct human resources evaluations associated with agency Human Capital Framework evaluation systems. Priority is also granted to individuals who have not previously attended OPM's HCF evaluator training.

You are not considered registered for the course until you receive a confirmation email. If the course you selected is full, you will be notified and placed on a waitlist. If placed on a waitlist, you will be contacted if an available slot becomes open according to the order in which we received the individual assessment form.

Course Cancellations

If you are unable to attend a course for which you are registered, we ask that you make every attempt to cancel your registration at least **two weeks** prior to the course start date. A "no-show" or failure to cancel your registration within the two-week period may result in a one-year waiting period to re-register. OPM will consider each situation on a case-by-case basis.

Course registrations may not be transferred to other individuals. While we may be able to transfer an individual participant's registration to another course date (when additional training slots are available), **cancelling an individual participant's registration forfeits the training slot**. Upon cancellation we will offer the training slot to the next available registrant on the course waitlist. Therefore, we strongly suggest participants coordinate nominations through the agency's Accountability Program Manager to prioritize agency training needs.

Technical Specifications and System Requirements for Virtual Training

You are requesting registration for a training program that will be completed virtually. We will be using either Microsoft Teams or Adobe Connect to deliver this training. Please review the technical requirements for MS Teams and/or the technical requirements for Adobe Connect to verify that your system meets the requirements to attend our virtual course.

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