**Best Practices Information Request Form**

**Regions**

The Leader Training Committee (LTC) is continuously expanding their Best Practices Guide to document successful activities and practices in our Regions.

Please use this form (Word format) to document your group’s successful activity so we can share it with other leaders. We strongly encourage you to attach relevant graphics and photos (either embedded in the Word document or as attachments, PDF, jpg, tif, or other formats). We will incorporate the new Best Practice in the Guide and post it to the web site. Please return your completed form to Brian Pawula at blpawula@hornershifrin.com and/or Nancy Berson at nberson@asce.org.

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| --- | --- |
| **Date** |  |

|  |  |
| --- | --- |
| **PROJECT TITLE** |  |

|  |  |
| --- | --- |
| **1. Region** |  |
|  |  |
| **2. Project Contact** |  |
| Name |  |
| Phone Number |  |
| Email |  |
| **3. Project Category** | Please choose one: Communication, Region Operations, Continuing Education, Government Relations. |
| **4. Project Description** |  |
| **5. The Process**(What you did,When and How) |  |
| **6. Those in Charge** (Committee, Task Committee, Etc.) |  |
| **7. Time Frame**(When Started,When Completed) |  |
| **8. Success Factors**(The Parts thatWorked Really Well) |  |
| **9. Setback Factors**(The Parts thatdid Not Work Well) |  |
| **10. Creativity**(This is something off the wall that we did) |  |
| **11. Administration**(What was most Important?) |  |
| **12. Follow-Up**(What was most important?) |  |
| **13. Recommendations**(What you should ALWAYS do with this project?) |  |
| **14. Cautions**(What you should NEVER do with this project?) |  |
| **15. The Outcome** |  |
| **16. Ongoing Activity**(Would you do it again?) |  |
| **17. Speaker Contact Information** (person from your group who would be willing to speak about the Best Practice) |  |
| Name |  |
| Phone Number |  |
| Email |  |
| **18. Additional Comments**(We strongly recommend attaching relevant photos and graphics) |  |