**Best Practices Information Request Form**

**Sections and Branches**

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

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](mailto:blpawula@hornershifrin.com) and/or Nancy Berson at [nberson@asce.org](mailto:nberson@asce.org).

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

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

|  |  |
| --- | --- |
| **1. Section/Branch** |  |
| **2. Section/Branch Size** |  |
| **3. Project Contact** |  |
| Name |  |
| Phone Number |  |
| Email |  |
| **4. Project Category** | Please choose one: Communication, Continuing Education, Government Relations, Membership Development, Section Operations, K-12 Student Outreach, College Student Outreach, Public Outreach. |
| **5. Project Description** |  |
| **6. The Process**  (What you did,  When and How) |  |
| **7. Those in Charge** (Committee, Task Committee, Etc.) |  |
| **8. Time Frame**  (When Started,  When Completed) |  |
| **9. Success Factors**  (The Parts that  Worked Really Well) |  |
| **10. Setback Factors**  (The Parts that  did Not Work Well) |  |
| **11. Creativity**  (This is something off the wall that we did) |  |
| **12. Administration**  (What was most Important?) |  |
| **13. Follow-Up**  (What was most important?) |  |
| **14. Recommendations**  (What you should ALWAYS do with this project?) |  |
| **15. Cautions**  (What you should NEVER do with this project?) |  |
| **16. The Outcome** |  |
| **17. Ongoing Activity**  (Would you do it again?) |  |
| **18. Speaker Contact Information**  (person from your group who would be willing to speak about the Best Practice) |  |
| Name |  |
| Phone Number |  |
| Email |  |
| **19. Additional Comments**  (We strongly recommend attaching relevant photos and graphics) |  |