

**FIELD MANAGEMENT TRAINING – EVALUATION REPORT**

**PART A. REPORTING AGENCY**

1. NAME OF REPORTING AGENCY OR DEPARTMENT		2. AGENCY CONTACT	3. CONTACT NUMBER (    )
4. ADDRESS			
Street	City	CA Zip	

**PART B. PERSON(S) TRAINED**

5. EMPLOYEE NAME (LAST, FIRST MI)	6. POST ID (OR SSN)

**PART C. TRAVEL INFORMATION – List in sequence**

7. DATE (M/D/YY)	8. TRAVEL HRS	9. TRAINING HRS	10. AGENCY WHERE TRAINING OCCURRED	11. TYPE OF TRANSPORTATION	12. VEHICLE MILES

**PART D. TRAINING CONTACT INFORMATION**

13. AGENCY WHERE TRAINING OCCURRED	14. TRAINING AGENCY CONTACT PERSON	15. CONTACT NUMBER OR EMAIL

**PART E. TRAINING REPORT**

**NOTE: If a Department/Agency Report was made regarding this Field Management Training, attach a copy of the report and disregard questions 17 and 18 on page 2 if the report responds to those questions. (Continue the description below on page 2 if needed.)**

16. Describe what was learned/observed (concepts, programs, procedures, equipment, etc.)

AGENCY/DEPARTMENT HEAD SIGNATURE	POST USE ONLY – REPORT APPROVED BY
	
DATE	

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**PART E. TRAINING REPORT** *continued*

16. Describe what was learned/observed (concepts, programs, procedures, equipment, etc.) *continued from page 1*

17. What elements (concepts, programs, procedures, equipment, etc.) do you intend to implement and when?

18. If you plan to implement what you learned/observed, will you do so without modification?  YES  NO

If **NO**, please explain the modification(s):