State of California - Department of Justice

## FIELD MANAGEMENT TRAINING - EVALUATION REPORT

AGENCY/DEPARTMENT HEAD SIGNATURE

Commission on Peace Officer Standards and Training (POST) 860 Stillwater Road, Suite 100

Street City CA Zip  PART B. PERSON(S) TRAINED  S. EMPLOYEE NAME (LAST, FIRST MI)  6. POST ID (OR SSN)  PART C. TRAVEL INFORMATION – List in sequence	POST 2-257 (R	ev 05/2012) -	Page 1 of 2			West Sacramento		630 • 916 227-390	
Stret City CA Zip  PART B. PERSON(S) TRAINED  . EMPLOYEE NAME (LAST, FIRST MI) 6. POST ID (OR SSN)  PART C. TRAVEL INFORMATION – List in sequence  . DATE (MODYY) 8. TRAVEL HRS 9. TRAINING HRS 10. AGENCY WHERE TRAINING OCCURRED 11. TYPE OF TRANSPORTATION 12. VEHICLE MILL  PART D. TRAINING CONTACT INFORMATION  3. 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 needed.)							1		
ADDRESS  Street City CA Zip  PART B. PERSON(S) TRAINED  EMPLOYEE NAME (LAST, FIRST MI)  B. POST ID (OR SSN)  PART C. TRAVEL INFORMATION - List in sequence  DATE (MODYY)  B. TRAVEL HRS  D. AGENCY WHERE TRAINING OCCURRED  11. TYPE OF TRANSPORTATION  12. VEHICLE MILL  PART D. TRAINING CONTACT INFORMATION  3. 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 needed.)	NAME OF REPORTING AGENCY OR DEPARTMENT				2. AGE	2. AGENCY CONTACT		3. CONTACT NUMBER	
PART C. TRAVEL INFORMATION — List in sequence  DATE (MDDYY) 8. TRAVEL HRS 9. TRAINING HRS 10. AGENCY WHERE TRAINING OCCURRED 11. TYPE OF TRANSPORTATION 12. VEHICLE MILL  PART D. TRAINING CONTACT INFORMATION  3. AGENCY WHERE 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.)	1. ADDRESS						( )		
PART C. TRAVEL INFORMATION — List in sequence  DATE (MDDYY) 8. TRAVELHRS 9. TRAINING HRS 10. AGENCY WHERE TRAINING OCCURRED 11. TYPE OF TRANSPORTATION 12. VEHICLE MIL  PART D. TRAINING CONTACT INFORMATION  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.)					City		CA Zii	0	
PART C. TRAVEL INFORMATION — List in sequence  DATE (M/DYY) 8. TRAVEL HRS 9. TRAINING HRS 10. AGENCY WHERE TRAINING OCCURRED 11. TYPE OF TRANSPORTATION 12. VEHICLE MILL  PART D. TRAINING CONTACT INFORMATION  3. 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.)		RSON(S) TRA	AINED						
PART D. TRAINING CONTACT INFORMATION  3. AGENCY WHERE TRAINING AGENCY CONTACT PERSON  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.)	5. EMPLOYEE NAM	ME (LAST, FIRST M	⁄II)				6. POS	ST ID (OR SSN)	
PART D. TRAINING CONTACT INFORMATION  3. AGENCY WHERE TRAINING AGENCY CONTACT PERSON  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.)									
PART D. TRAINING CONTACT INFORMATION  3. AGENCY WHERE 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.)									
DATE (MD/YY) 8. TRAVEL HRS 9. TRAINING HRS 10. AGENCY WHERE TRAINING OCCURRED 11. TYPE OF TRANSPORTATION 12. VEHICLE MILL  PART D. TRAINING CONTACT INFORMATION 3. 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.)									
DATE (MD/YY)  8. TRAVEL HRS  9. TRAINING HRS  10. AGENCY WHERE TRAINING OCCURRED  11. TYPE OF TRANSPORTATION  12. VEHICLE MILL  PART D. TRAINING CONTACT INFORMATION  3. 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.)									
DATE (MD/YY)  8. TRAVEL HRS  9. TRAINING HRS  10. AGENCY WHERE TRAINING OCCURRED  11. TYPE OF TRANSPORTATION  12. VEHICLE MILL  PART D. TRAINING CONTACT INFORMATION  3. 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.)									
PART D. TRAINING CONTACT INFORMATION  3. 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.)			MATION - List						
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.)	DATE (M/D/YY)	8. TRAVEL HRS	9. TRAINING HRS	10. AGENCY WHERE TRAINING C	OCCURRED	11. TYPE OF	F TRANSPORTATIO	ON 12. VEHICLE MILE	
2. AGENCY WHERE TRAINING OCCURRED  14. TRAINING AGENCY CONTACT PERSON  15. CONTACT NUMBER OR EMAIL  16. 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.)									
ART 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.)									
ART E. TRAINING REPORT  JOTE: 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.)									
ART E. TRAINING REPORT  ##OTE: 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.)									
ART 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.)									
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.)	PART D. TRA	AINING CONT	TACT INFORMA	TION					
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.)	3. AGENCY WHEF	RE TRAINING OCC	URRED	14. TRAINING AGENCY CO	NTACT PERSON	15. CONTACT NUI	MBER OR EMAIL		
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.)									
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.)									
IOTE: 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.)									
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.)									
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.)									
questions 17 and 18 on page 2 if the report responds to those questions. (Continue the description below on page 2 if needed.)	ART E. TRA	AINING REPO	ORT						
	questi	ions 17 and 18	8 on page 2 if the	report responds to those	questions. (Contin				
			•	7 7 3 71	, , , ,				

DATE

POST USE ONLY - REPORT APPROVED BY

State of California - Department of Justice

## FIELD MANAGEMENT TRAINING - EVALUATION REPORT

POST 2-257 (Rev 05/2012) - Page 2 of 2
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):