

REPORT DATE _____ PHASE ____ SHIFT/WATCH _____

Trainee Name (Last, First)	Badge/ID	FTO Name (Last, First)	Badge/ID
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INSTRUCTIONS: See [Appendix 1, Standardized Evaluation Guidelines \(SEGs\)](#) for how to rate observable behaviors. A rating of **C** (Competent) is the *minimum* acceptable score within each category to meet the standard for solo patrol officer. Ratings of **N/I** (Needs Improvement) or **S** (Superior) **require** a Documented Situation (DS); check **DS** and describe the related event in the accompanying Narrative Evaluation. Check **N/O** if behavior is Not Observed or **NRT** if trainee is Not Responding to Training. Enter Remedial Training Minutes (**R/T MIN**) as minutes only (e.g., 1hr, 30 min = 90 min). A completed and signed Narrative Evaluation **must** be attached.

Narrative Evaluation: [Pg 1](#) [Pg 2](#) [Continuation Pg](#)

RATING BY CATEGORY		- - Scale Based on FTP Standards - -					
ATTITUDE	D/S	N/I	C	S	N/O	NRT	R/T MIN
1. Acceptance of Feedback/FTO/FTP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Attitude toward Police Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Integrity/Ethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
APPEARANCE/PHYSICAL CONDITION							
5. General Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RELATIONSHIPS							
6. With Citizens/Community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. With Other Department Members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Community Organizing and Problem-solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PERFORMANCE							
9. Driving Skill: Normal Conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Driving Skill: Moderate/High Stress Conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Use of Map Book/GPS: Orientation/Response Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Routine forms: Accuracy/Completeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Report writing: Organization/Details/Use of Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Report writing: Grammar/Spelling/Neatness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Field Performance: Non-stress Conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Field Performance: Stress Conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Investigative Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Interview/Interrogation Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Self-initiated Field Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Officer Safety: General	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Officer Safety: Suspicious Persons/Suspects/Prisoners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Control of Conflict: Voice Command	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Control of Conflict: Physical Skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Problem-solving Techniques/Decision-making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Communications: Use of Codes/Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Radio: Listens and comprehends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Radio: Articulation of Transmissions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Mobile Computer Terminal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KNOWLEDGE							
29. Department Policies and Procedures:							
A Reflected by Verbal/Written/Simulated Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B Reflected in Field Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Criminal Statutes:							
A Reflected by Verbal/Written/Simulated Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B Reflected in Field Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Criminal Procedure:							
A Reflected by Verbal/Written/Simulated Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B Reflected in Field Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AGENCY-SPECIFIC (If used, provide SEGs in FTP Manual)							
32. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Trainee Signature	TOTAL RT MINUTES TODAY: (Identify specific remedial plan in Narrative Evaluation if applicable.)
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REPORT DATE _____ PHASE ____ SHIFT/WATCH _____

Trainee Name (Last, First)	Badge/ID	FTO Name (Last, First)	Badge/ID

INSTRUCTIONS: **Parts A & B** – 1) Based on the completed DOR, determine the trainee’s MOST and LEAST satisfactory performance. Enter the applicable category numbers (1–32) to reference your comments. 2) Describe how the events support the ratings. 3) Check the appropriate **RT** box and enter the RT date if applicable. **Parts C & D** – If **DS** is checked in the DOR, provide an explanation to document the situation. **Continuation Page(s)** – Use as needed for additional comments; initial each page. A completed and signed Narrative Evaluation **must** be attached to the DOR.

[DOR](#) | Narrative Evaluation: [Pg 1](#) [Pg 2](#) [Continuation Pg](#)

EVALUATION CONSIDERATIONS:

- Set the stage or scene
- Use lists when appropriate
- Think remedial
- Include verbatim quotes
- Report facts/avoid conclusions/don't predict
- Quantify when appropriate
- Critique the performance — not the person
- Check spelling, grammar, organization, etc.
- Remember your audience

PART A. MOST SATISFACTORY PERFORMANCE

Category Number(s)

The **MOST** satisfactory performance area of the day was in the following category(ies):

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Describe:

REMEDIAL TRAINING: N/A Completed Recommended – Date:

PART B. LEAST SATISFACTORY PERFORMANCE

Category Number(s)

The **LEAST** satisfactory performance area of the day was in the following category(ies):

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Describe:

REMEDIAL TRAINING: N/A Completed Recommended – Date:

REPORT DATE _____ PHASE ____ SHIFT/WATCH _____

Trainee Name (Last, First)	Badge/ID	FTO Name (Last, First)	Badge/ID

NOTE: Any DOR rating of **N/I** or **S** must be documented. 1) Identify the event and enter the applicable category number(s) to reference your comments. 2) Explain how the rating was determined. 3) Check the appropriate RT box and enter the RT date if applicable. Use the Continuation Page(s) for additional comments as needed. Attach the completed and signed Narrative Evaluation to the DOR.

[DOR](#) | [Narrative Evaluation: Pg 1 Pg 2 Continuation Pg](#)

PART C. DOCUMENTED SITUATIONS (DS)

1. Event

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Describe:

REMEDIAL TRAINING: N/A Completed Recommended – Date:

2. Event

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Describe:

REMEDIAL TRAINING: N/A Completed Recommended – Date:

3. Event

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Describe:

REMEDIAL TRAINING: N/A Completed Recommended – Date:

PART D. REQUIRED SIGNATURES

Print Trainee Name	▶	Date
Print FTO Name	▶	Date
Print FT SAC Name	▶	Date

Continuation Pages Attached

REPORT DATE _____ PHASE ____ SHIFT/WATCH _____

Trainee Name <i>(Last, First)</i>	Badge/ID	FTO Name <i>(Last, First)</i>	Badge/ID
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COMMENTS CONTINUED

Continuation Page ____ of ____

Area for handwritten comments, consisting of 30 horizontal lines.

Trainee Initials

FTO Initials

FT SAC Initials

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COMMENTS CONTINUED

Continuation Page ____ of ____

Lined area for entering comments.

Trainee Initials

FTO Initials

FT SAC Initials