

Weekly Training Progress Report (TPR)

REPORT DATE _____ PHASE ____ WEEK ____

Trainee (Last, First MI)	Badge / ID	Evaluation Period
		From: _____ To: _____

INSTRUCTIONS

- This Weekly Training Progress Report evaluates the trainee’s performance during the week and identifies specific areas which are noteworthy.
- **A rating of 1 or 2 requires a written statement** outlining the steps that the FTO or agency has taken and/or will take to bring performance up to an acceptable level. *Use the following page(s) to document the necessary steps and/or provide additional comments; initial each page.*

- RATING SCALE:**
- 4 – BETTER THAN ACCEPTABLE:** Performance exceeds agency’s standard
 - 3 – ACCEPTABLE:** Performance meets agency’s standard
 - 2 – NEEDS IMPROVEMENT:** Performance is progressing toward “acceptable” but does not yet meet agency’s standard
 - 1 – UNACCEPTABLE:** Performance is not at an acceptable level
 - NRT – NOT RESPONDING TO TRAINING:** Trainee has been rated at level 1 or 2 and after remediation shows no improvement in performance

PART A. PERFORMANCE AREA	NRT	1	2	3	4
Overall Performance for this evaluation period:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following areas are noteworthy (*see next page for additional comments*):

1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART B. TRAINEE REVIEW / REQUIRED SIGNATURES

- I have reviewed this Weekly Training Progress Report with my Field Training Officer (FTO).
- I wish to discuss this evaluation with the FTP Supervisor/Administrator/Coordinator (FTP SAC).

Trainee Signature ▶ Date _____

Print FTO Name	Badge / ID	
		▶ Date _____

Print FT SAC Name	Badge / ID	
		▶ Date _____

Additional page(s) attached

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