

Phase Evaluation Report

REPORT DATE _____ PHASE ____ WEEK ____

Page 1

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

INSTRUCTIONS

- This Phase Evaluation Report provides feedback to the trainee so that good performance continues and/or deficient performance improves.
- **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 Phase Evaluation 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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