## **End of Phase Report (EPR)**

REPORT DATE:	PHASE:	START DATE:	END DATE:		Page 1 of
Trainee (Last, First MI)			Badge / ID	<b>Evaluation Period</b>	
				From:	To:
PART A. SIGNIFICANT STREN	GTHS / WEAKNE	ESSES	Use the	following page for any c	additional comment(s).
STRENGTHS:					
1.					
2.					
3.					
WEAKNESSES:					
1.					
2.					
3.					
PART B. ADDITIONAL TRAINI	NG / REMEDIAL	EFFORTS			
PART C. ADDITIONAL COMM	ENTS (OPTIONA	ıL)			
PART D. REQUIRED SIGNATU	IRES				
I have reviewed/discusse	ed this End of Phas	se Report with my Field Tr	raining Officer (FTO) and un	derstand the evaluation	given.
		Trainee Signature	•		Date
Print FTO Name		Badge / ID			
					Date
Print FT SAC Name		Badge / ID	,		- Jac
					Date
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REPORT DATE:	PHASE	:	START DATE:		END DATE: _	<u></u>		Page 2 of
Trainee (Last, First MI)				Bac	lge / ID	Evaluation Period	I	
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ADDITIONAL COMMENT	·s							
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Trainee Initials	FTO Initials		FT SAC Initials					

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Trainee (Last, First M	<b>/II)</b>				Bac	ige / ID	Evaluation Perio	od	
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Trainee Initials		FTO Initials		FT SAC Initials					

REPORT DATE: _		PHAS	E:	START DATE:		END DATE: _			Page of
Trainee (Last, First M	<b>/II)</b>				Bac	ige / ID	Evaluation Perio	od	
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Trainee (Last, First M	<b>/II)</b>				Bac	ige / ID	Evaluation Perio	od	
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