

REPORT DATE _____ PHASE _____ SHIFT/WATCH _____

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

INSTRUCTIONS: See [Appendix 1, Standardized Evaluation Guidelines \(SEGs\)](#) for how to rate observable behaviors. A rating of **4** is the *minimum* acceptable score within each category to meet the standard for solo patrol officer. Ratings of **1** or **7** **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., 1 hr, 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	DS	UNACCEPTABLE			ACCEPTABLE			SUPERIOR		N/O	NRT	R/T MIN
1 Acceptance of Feedback/FTO/FTP	☐	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐	☐		
2 Attitude toward Police Work	☐	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐	☐		
3 Integrity/Ethics	☐	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐	☐		
4 Leadership	☐	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐	☐		
APPEARANCE/PHYSICAL CONDITION												
5 General Appearance	☐	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐	☐		
RELATIONSHIPS												
6 With Citizens/Community	☐	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐	☐		
7 With Other Department Members	☐	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐	☐		
8 Community Organizing and Problem-solving	☐	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐	☐		
PERFORMANCE												
9 Driving Skill: <i>Normal Conditions</i>	☐	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐	☐		
10 Driving Skill: <i>Moderate/High Stress Conditions</i>	☐	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐	☐		
11 Use of Map Book/GPS: <i>Orientation/Response Time</i>	☐	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐	☐		
12 Routine Forms: <i>Accuracy/Completeness</i>	☐	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐	☐		
13 Report Writing: <i>Organization/Details/Use of Time</i>	☐	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐	☐		
14 Report Writing: <i>Grammar/Spelling/Neatness</i>	☐	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐	☐		
15 Field Performance: <i>Non-Stress Conditions</i>	☐	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐	☐		
16 Field Performance: <i>Stress Conditions</i>	☐	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐	☐		
17 Investigative Skills	☐	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐	☐		
18 Interview/Interrogation Skills	☐	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐	☐		
19 Self-initiated Field Activity	☐	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐	☐		
20 Officer Safety: <i>General</i>	☐	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐	☐		
21 Officer Safety: <i>Suspicious Persons/Suspects/Prisoners</i>	☐	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐	☐		
22 Control of Conflict: <i>Voice Command</i>	☐	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐	☐		
23 Control of Conflict: <i>Physical Skill</i>	☐	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐	☐		
24 Problem-solving Techniques/Decision-making	☐	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐	☐		
25 Communications: <i>Use of Codes/Procedures</i>	☐	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐	☐		
26 Radio: <i>Listens and Comprehends</i>	☐	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐	☐		
27 Radio: <i>Articulation of Transmissions</i>	☐	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐	☐		
28 Mobile Computer Terminal	☐	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐	☐		
KNOWLEDGE												
29 Department Policies and Procedures:												
A Reflected by Verbal/Written/Simulated Testing	☐	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐	☐		
B Reflected in Field Performance	☐	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐	☐		
30 Criminal Statutes:												
A Reflected by Verbal/Written/Simulated Testing	☐	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐	☐		
B Reflected in Field Performance	☐	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐	☐		
31 Criminal Procedure:												
A Reflected by Verbal/Written/Simulated Testing	☐	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐	☐		
B Reflected in Field Performance	☐	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐	☐		
AGENCY-SPECIFIC (If used, provide SEGs in FTP Guide)												
32 _____	☐	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐	☐		

Trainee Signature



TOTAL RT MINUTES TODAY:

(Identify specific remedial plan in [Narrative Evaluation](#) if applicable.)

REPORT DATE _____ PHASE ____ SHIFT/WATCH _____

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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
- Include verbatim quotes
- Critique the performance — not the person
- Use lists when appropriate
- Report facts/avoid conclusions/don’t predict
- Check spelling, grammar, organization, etc.
- Think remedial
- Quantify when appropriate
- 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:

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

NOTE: Any DOR rating of **1** or **7** **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)

[illegible]

Describe:

REMEDIAL TRAINING: ☐ N/A ☐ Completed ☐ Recommended – Date:[illegible]

Describe:

REMEDIAL TRAINING: ☐ N/A ☐ Completed ☐ Recommended – Date:[illegible]

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

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

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REPORT DATE _____ PHASE ____ SHIFT/WATCH _____

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

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COMMENTS CONTINUED

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Trainee Initials

FTO Initials

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FT SAC Initials

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

COMMENTS CONTINUED

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