

Weekly Observation Report

DAILY OBSERVATION REPORT No. _____

Report #:	Date:
Trainee's Name:	FTO's Name:
Post (s) Worked:	Shift Worked:

RATING INSTRUCTIONS: Rate observed behavior using the scale below per the Standard Evaluation Guidelines. Comment on the satisfactory and unsatisfactory performances of the day on page 3. Comment on any behavior you wish, but a specific comment is required for ratings of "1" or "7". Check "N.O." box if not observed. If trainee fails to respond to training, check "N.R.T." box and comment.

RATING SCALE: DOES NOT MEET STANDARDS: 1, 2, 3 MEETS STANDARDS: 4, 5 EXCEEDS STANDARDS: 6, 7

	<u>Grade</u>	<u>N.O.</u>	<u>NRT</u>	<u>Remedial Training Time</u>
APPEARANCE				
1. General appearance	_____	_____	_____	_____
ATTITUDE				
2. Acceptance of feedback FTO/FTO Program	_____	_____	_____	_____
3. Attitude toward the job	_____	_____	_____	_____
KNOWLEDGE				
4. Agency Policies/Procedures/FMs	_____	_____	_____	_____
5. Acts Constituting a Rule Violation	_____	_____	_____	_____
6. Conflict resolution/De-escalation	_____	_____	_____	_____
PERFORMANCE				
7. Report writing: Organization/details	_____	_____	_____	_____
8. Report writing: Grammar/spelling	_____	_____	_____	_____
9. Report writing: Appropriate time used	_____	_____	_____	_____
10. Orientation/response Time	_____	_____	_____	_____
11. Routine forms accuracy/completeness	_____	_____	_____	_____
12. Field performance	_____	_____	_____	_____
13. Officer safety	_____	_____	_____	_____
14. Control of conflict: Voice command	_____	_____	_____	_____
15. Control of conflict: Physical control	_____	_____	_____	_____
16. Decision making	_____	_____	_____	_____
17. Radio: Appropriate use	_____	_____	_____	_____
18. Investigative skills	_____	_____	_____	_____
COMMUNICATION				
19. Interaction with staff and inmates	_____	_____	_____	_____
20. Interview/interrogation techniques	_____	_____	_____	_____
Total minutes of Remedial training time today (Note Specific Remedial Plans on Page 2) _____				

