Sebastopol Police Department Communications
TRAINEE EVALUATION

Trainee's Name *(Last, First)*	CTO's Name *(Last, First)*	Date
DAILY OBSERVATION REPORT #	**WEEK #**	

RATINGS: **NI** = Needs Improvement   **PS** = Progressing Satisfactorily   **E** = Exceeds Training Expectations   **C** = Competent
NO = Not Observed   **NRT**= Not Responding to Training

INSTRUCTIONS: Rate trainee's performance in the following categories:

CATEGORY

A. Performance	NI	PS	E	C	NO	NRT
1. Written Skills	☐	☐	☐	☐	☐	☐
2. Verbal Skills	☐	☐	☐	☐	☐	☐
3. Listening Skills	☐	☐	☐	☐	☐	☐
4. Accuracy/Thoroughness	☐	☐	☐	☐	☐	☐
5. CAD Skills	☐	☐	☐	☐	☐	☐
6. Stress Control	☐	☐	☐	☐	☐	☐
7. Decision Making/Critical Thinking	☐	☐	☐	☐	☐	☐
8. Initiative	☐	☐	☐	☐	☐	☐
9. Call Taker and/or Radio Dispatcher	☐	☐	☐	☐	☐	☐
10. Versatility/Adaptability	☐	☐	☐	☐	☐	☐
11. Retention of Information	☐	☐	☐	☐	☐	☐
12. Officer and Citizen Safety	☐	☐	☐	☐	☐	☐
B. Interpersonal Skills	NI	PS	E	C	NO	NRT
1. Conduct toward Citizens	☐	☐	☐	☐	☐	☐
2. Conduct Toward Co-Workers	☐	☐	☐	☐	☐	☐
3. Conduct Towards Supervision	☐	☐	☐	☐	☐	☐
4. Acceptance of Criticism	☐	☐	☐	☐	☐	☐
5. Self Image and Confidence	☐	☐	☐	☐	☐	☐
C. Knowledge	NI	PS	E	C	NO	NRT
1. Laws, Policies, Procedures	☐	☐	☐	☐	☐	☐
2. General Resources	☐	☐	☐	☐	☐	☐
3. CAD Manual	☐	☐	☐	☐	☐	☐
4. Training Manual	☐	☐	☐	☐	☐	☐
5. Communication Equipment	☐	☐	☐	☐	☐	☐
6. Call Types	☐	☐	☐	☐	☐	☐
7. Geography	☐	☐	☐	☐	☐	☐
D. Job Readiness	NI	PS	E	C	NO	NRT
1. General Appearance	☐	☐	☐	☐	☐	☐
2. Punctuality/Dependability	☐	☐	☐	☐	☐	☐
3. Mental Alertness	☐	☐	☐	☐	☐	☐
E. Miscellaneous Skills and Traits	NI	PS	E	C	NO	NRT
1. Keyboarding/Typing	☐	☐	☐	☐	☐	☐
2. Ergonomic Awareness	☐	☐	☐	☐	☐	☐

NARRATIVE COMMENTS

Areas Covered:

Most acceptable performance(s) of the day was rating category number(s):
A specific incident, which demonstrates this performance in the area is:

Least acceptable performance(s) of the day rating category number(s):
A specific incident, which demonstrates this performance in the area is:

Additional comments:

Explain remedial training:

Time spent on remedial training: _____ ☐ **N/A**

Has the recruit been counseled on his/her deficiencies? ☐ **YES** ☐ **NO** ☐ **N/A**

Have the deficiencies required remedial planning? ☐ **YES** ☐ **NO** ☐ **N/A**
If yes, refer to attached memo.

Overall status of recruit's progress to date: ☐ **ACCEPTABLE** ☐ **UNACCEPTABLE**

▶
_____
Trainee Signature

▶
_____
CTO Signature

▶
_____
CTO Supervisor

▶
_____
LIEUTENANT