

CITY LOGO	NAME OF ORGANIZATION					FTO PROGRAM		
NAME OF TRAINEE						DOR #		
NAME OF FTO						DATE		
Rate observed behavior on a scale from 1 to 5. Check N.O. for <i>Not Observed</i> or N.R.T. for <i>Not Responding to Training</i>								
			Rating Scale: Unacceptable		Acceptable		Exceeds	
			1	2	3	4	5	
PERFORMANCE TASK						Rating	N.O.	N.R.T.
Driving Skills								
Location: Response Time/Route/Map Skills								
Field Performance								
Self-Initiated Activity								
Officer/Inspector Safety								
Verbal Skills								
Physical Skills								
Radio Operations								
Problem Solving								
Report Writing & Inspection Forms								
Use of Equipment								
KNOWLEDGE								
Department policies and procedures								
City Ordinances								
Building Codes								
ATTITUDE								
Acceptance towards feedback								
Attitude towards work								
Relationship with the public/customers								
Relationship with staff and other employees								
APPEARANCE								
General appearance								
Hygiene								
TESTING								

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Most Acceptable performance of the day:			
Least Acceptable performance of the day:			
What instruction did you provide in correct this unsatisfactory performance?			
Provide details of N.R.T. entries noted in DOR			
What are the trainees' strengths?			
What areas does the trainee need additional training/instruction?			
Trainee's Signature:		Date:	
FTO Signature:		Date:	
Director Signature:		Date:	