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APPENDIX 2

Daily Observation Report *(Numeric Scale)*

REPORT DATE _____ PHASE ___ SHIFT/WATCH _____

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: *Normal Conditions*	○	1	2	3	4	5	6	7	○	○	
10 Driving Skill: *Moderate/High Stress Conditions*	○	1	2	3	4	5	6	7	○	○	
11 Use of Map Book/GPS: *Orientation/Response Time*	○	1	2	3	4	5	6	7	○	○	
12 Routine Forms: *Accuracy/Completeness*	○	1	2	3	4	5	6	7	○	○	
13 Report Writing: *Organization/Details/Use of Time*	○	1	2	3	4	5	6	7	○	○	
14 Report Writing: *Grammar/Spelling/Neatness*	○	1	2	3	4	5	6	7	○	○	
15 Field Performance: *Non-Stress Conditions*	○	1	2	3	4	5	6	7	○	○	
16 Field Performance: *Stress Conditions*	○	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: *General*	○	1	2	3	4	5	6	7	○	○	
21 Officer Safety: *Suspicious Persons/Suspects/Prisoners*	○	1	2	3	4	5	6	7	○	○	
22 Control of Conflict: *Voice Command*	○	1	2	3	4	5	6	7	○	○	
23 Control of Conflict: *Physical Skill*	○	1	2	3	4	5	6	7	○	○	
24 Problem-solving Techniques/Decision-making	○	1	2	3	4	5	6	7	○	○	
25 Communications: *Use of Codes/Procedures*	○	1	2	3	4	5	6	7	○	○	
26 Radio: *Listens and Comprehends*	○	1	2	3	4	5	6	7	○	○	
27 Radio: *Articulation of Transmissions*	○	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.)	0:00

CLEAR PAGE

Narrative Evaluation *(Numeric Scale)*

REPORT DATE _____ PHASE ___ SHIFT/WATCH _____

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):										

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):										

Describe:

REMEDIAL TRAINING: ☐ N/A ☐ Completed ☐ Recommended – Date:

☐ **Continuation Pages Attached**

CLEAR PAGE

REPORT DATE _____ PHASE ___ SHIFT/WATCH _____

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)

1. Event

Describe:

REMEDIAL TRAINING: ☐ N/A ☐ Completed ☐ Recommended – Date:

2. Event

Describe:

REMEDIAL TRAINING: ☐ N/A ☐ Completed ☐ Recommended – Date:

3. Event

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**

CLEAR PAGE

REPORT DATE _____ PHASE ___ SHIFT/WATCH _____

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

NOTE: At the beginning of each new or continuing comment, reference the specific DOR category number. Use the additional pages to continue comments as needed. Enter the total number of continuation pages and be sure to initial each page. Attach all continuation pages to the completed Narrative Evaluation..

DOR | Narrative Evaluation: Pg 1 Pg 2 Continuation Pg

COMMENTS CONTINUED

Continuation Page 1 of ___

Trainee Initials ☐ **FTO Initials** ☐ **FT SAC Initials** ☐

CLEAR PAGE

REPORT DATE _____ PHASE ___ SHIFT/WATCH _____

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

DOR | Narrative Evaluation: Pg 1 Pg 2 Continuation Pg

COMMENTS CONTINUED

Continuation Page ___ of ___

Trainee Initials ____ **FTO Initials** ____ **FT SAC Initials** ____

CLEAR PAGE

REPORT DATE _____ PHASE ___ SHIFT/WATCH _____

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

DOR | Narrative Evaluation: Pg 1 Pg 2 Continuation Pg

COMMENTS CONTINUED

Continuation Page ___ of ___

Trainee Initials ____ **FTO Initials** ____ **FT SAC Initials** ____