

SUMNER POLICE DEPARTMENT WEEKLY EVALUATION SUMMARY PHASE II

Instructions: This document is formatted in tables. The box will automatically expand as type is added, if needed. Type names below the box headers. Type Phase and dates to the right of the headers. Type documentation in the box to the right of the category. Put an X in ADVANCEMENT OR REMEDIAL EXTENSION.

OIT's LAST NAME, INITIAL	EMP #	FTO's LAST NAME, INITIAL	EMP #
--------------------------	-------	--------------------------	-------

Phase #	Date Phase Began:	Date Phase Ends:
----------------	--------------------------	-------------------------

COMMENT ON: Traffic Stop Proficiency	# of Stops completed:
---	-----------------------

COMMENT ON: Accident Proficiency	# of Accidents to this point in the FTO Program:
---	--

COMMENT ON: Citation/NOI Proficiency	# of Citations/NOI this Phase:
---	--------------------------------

COMMENT ON: DUI Proficiency	# of DUIs to this point in the FTO Program:
--	---

COMMENT ON: Report Writing Ability	Fill out Cover Sheet on next page and attach a report as an example of the OIT's report writing ability.
---	--

COMMENT ON: Officer Safety	
---------------------------------------	--

OTHER SIGNIFICANT STRENGTHS:	
-------------------------------------	--

OTHER SIGNIFICANT WEAKNESSES:	
--------------------------------------	--

REMEDIAL EFFORTS:	
--------------------------	--

RECOMMENDATIONS:	If OIT is moving to Phase III?
-------------------------	--------------------------------

This Trainee is Recommended For: ADVANCEMENT [<input type="checkbox"/>] REMEDIAL EXTENSION [<input type="checkbox"/>]

OIT'S SIGNATURE

FTO'S SIGNATURE

FTO SERGEANT'S SIGNATURE

PATROL LIEUTENANT'S SIGNATURE