

TRAINING ACTION PLAN

Trainee's Name <i>(Last, First)</i>	CTO's Name <i>(Last, First)</i>	Date / /
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Your training officer has identified one or more areas of performance difficulties that need your immediate attention for improvement.

You will be expected to fully complete the training assignment by: / /

A. Performance Deficiencies

Define the problem specifically, giving examples. Describe the training already conducted.

B. Training Assignment

Describe the specific assignments given to the trainee to correct the above problem.

C. Assignment Completion	Yes	No
1. Has the trainee satisfactorily completed the training plan? <i>If No, but improvement is noted, go to 3</i>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the trainee now performing at a competent level?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has an additional assignment been given?	<input type="checkbox"/>	<input type="checkbox"/>

D. Comments

▶	▶	▶
_____ Trainee Signature	_____ CTO Signature	_____ CTO Supervisor