

CSU San Bernardino Police Department - Communication Center

TRAINEE EVALUATION

Trainee's Name <i>(Last, First)</i> (Name)	CTO's Name <i>(Last, First)</i> (Name)	Date MM/DD/YYYY
------------------------------------------------------	--------------------------------------------------	---------------------------

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:

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

TRAINING HOURS

Call taker	Secondary	Primary	Study	Total training hours

▶ _____
Trainee Signature

▶ _____
CTO Signature

▶ _____
CTO Supervisor

Trainee's Name <i>(Last, First)</i> (Name)	CTO's Name <i>(Last, First)</i> (Name)	Date MM/DD/YYYY
-----------------------------------------------	-------------------------------------------	--------------------

ACCOMPLISHMENTS:

COMMENTS:

NEEDS IMPROVEMENT:

GOALS:



Trainee Signature



CTO Signature



CTO Supervisor