

# CSU San Bernardino Police Department Trainer's Manual

## COMMUNICATIONS TRAINING OFFICER

Competency Verification  
Forms

November 11, 2019







**CSU San Bernardino Police Department**

**Trainer's Manual**

# **C**OMMUNICATIONS **T**RAINING **O**FFICER

**Competency Verification Forms**

**November 11, 2019**





Trainee's Name (Last, First) (Name)	CTO's Name (Last, First) (Name)	Date MM/DD/YYYY
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Trainee Initial \_\_\_\_\_

**ADDITIONAL APPLICATIONS/SOFTWARE/INFORMATION**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
1. Live Safe							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
2. Blackboard Connect							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
3. Text 9-1-1							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
4. CSAR							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
5. MyCoyote Login							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
6. T2							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
7. Campus Directory							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
8. WhentoWork							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
9. CLEAR Data Warehouse							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
10. PeopleSoft CS (Student Info)							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
11. PeopleSoft HR (Emerg Contact)							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
12. Camera System (Ocularis)							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
13. Manitou							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:

14. UP911 Email (Outlook on Console)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess <hr/> Date: _____ Initials: _____
15. 3SI Tracker							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess <hr/> Date: _____ Initials: _____
16. Dispatch Drive							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess <hr/> Date: _____ Initials: _____
17. Campus Maps							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess <hr/> Date: _____ Initials: _____
18. Dispatch Services – SBCCD PD							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess <hr/> Date: _____ Initials: _____
19. Dispatch Services – VVUSD PD							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess <hr/> Date: _____ Initials: _____
20. Evacuation - Dispatch							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess <hr/> Date: _____ Initials: _____
21. RIMS – Ready Reference							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess <hr/> Date: _____ Initials: _____
22.							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess <hr/> Date: _____ Initials: _____
23.							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess <hr/> Date: _____ Initials: _____
24.							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess <hr/> Date: _____ Initials: _____
25.							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess <hr/> Date: _____ Initials: _____
26.							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess <hr/> Date: _____ Initials: _____
27.							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess <hr/> Date: _____ Initials: _____
28.							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess <hr/> Date: _____ Initials: _____