

End of Phase Report (EPR)

REPORT DATE: _____ PHASE: ____ START DATE: _____ END DATE: _____

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Trainee (Last, First MI)	Badge / ID	Evaluation Period
		From: _____ To: _____

PART A. SIGNIFICANT STRENGTHS / WEAKNESSES *Use the following page for any additional comment(s).*

STRENGTHS:

1. _____
2. _____
3. _____

WEAKNESSES:

1. _____
2. _____
3. _____

PART B. ADDITIONAL TRAINING / REMEDIAL EFFORTS

PART C. ADDITIONAL COMMENTS (OPTIONAL)

PART D. REQUIRED SIGNATURES

I have reviewed/discussed this End of Phase Report with my Field Training Officer (FTO) and understand the evaluation given.

Trainee Signature  _____ Date _____

Print FTO Name	Badge / ID	_____  _____ Date _____
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Print FT SAC Name	Badge / ID	_____  _____ Date _____
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Additional page(s) attached

