

FIELD MANAGEMENT TRAINING – EVALUATION REPORT

PART A. REPORTING AGENCY

1. NAME OF REPORTING AGENCY OR DEPARTMENT		2. AGENCY CONTACT	3. CONTACT NUMBER ()
4. ADDRESS			
Street	City	CA Zip	

PART B. PERSON(S) TRAINED

5. EMPLOYEE NAME (LAST, FIRST MI)	6. POST ID (OR SSN)

PART C. TRAVEL INFORMATION – List in sequence

7. DATE (M/D/YY)	8. TRAVEL HRS	9. TRAINING HRS	10. AGENCY WHERE TRAINING OCCURRED	11. TYPE OF TRANSPORTATION	12. VEHICLE MILES

PART D. TRAINING CONTACT INFORMATION

13. AGENCY WHERE TRAINING OCCURRED	14. TRAINING AGENCY CONTACT PERSON	15. CONTACT NUMBER OR EMAIL

PART E. TRAINING REPORT

NOTE: If a Department/Agency Report was made regarding this Field Management Training, attach a copy of the report and disregard questions 17 and 18 on page 2 if the report responds to those questions. (Continue the description below on page 2 if needed.)

16. Describe what was learned/observed (concepts, programs, procedures, equipment, etc.)

AGENCY/DEPARTMENT HEAD SIGNATURE	POST USE ONLY – REPORT APPROVED BY
	
DATE	

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PART E. TRAINING REPORT *continued*

16. Describe what was learned/observed (concepts, programs, procedures, equipment, etc.) *continued from page 1*

17. What elements (concepts, programs, procedures, equipment, etc.) do you intend to implement and when?

18. If you plan to implement what you learned/observed, will you do so without modification? YES NO

If **NO**, please explain the modification(s):