

DAILY OBSERVATION REPORT NO. _____

TRAINEE'S LAST NAME _____ BADGE # _____ FTO'S LAST NAME _____ BADGE # _____ DATE _____

RATING INSTRUCTIONS: Rate observed behavior using the scale below. Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, but a specific comment is required for ratings of "1" or "7". Check "N.O." box if behavior is not observed. If trainee fails to respond to training, check "N.R.T." box and comment.

WATCH:

PHASE:

RATING SCALE

ASSIGNMENT OR REASON FOR NO EVALUATION

NOT ACCEPTABLE
BY FTO PROGRAM
STANDARDS

ACCEPTABLE
LEVEL

SUPERIOR BY
FTO PROGRAM
STANDARDS



D.S.	1	2	3	4	5	6	7	N.O.	N.R.T.
<input type="checkbox"/>	1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	21.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	22.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	23.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	24.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	25.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	26.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	27.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	28.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	29.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	30.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	31.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | |
|--|--------------------------|
| APPEARANCE | R.T. |
| 1. GENERAL APPEARANCE | <input type="checkbox"/> |
| ATTITUDE | |
| 2. ACCEPTANCE OF FEEDBACK | <input type="checkbox"/> |
| 3. ATTITUDE TOWARDS THE JOB | <input type="checkbox"/> |
| KNOWLEDGE | |
| 4. KNOWLEDGE: DEPT. POLICIES/PROCEDURES
VERBAL/WRITTEN/SIMULATED TESTING
FIELD PERFORMANCE | <input type="checkbox"/> |
| 5. KNOWLEDGE: CRIMINAL STATUTES
VERBAL/WRITTEN/SIMULATED TESTING
FIELD PERFORMANCE | <input type="checkbox"/> |
| 6. KNOWLEDGE: CITY ORDINANCES:
VERBAL/WRITTEN/SIMULATED TESTING
FIELD PERFORMANCE | <input type="checkbox"/> |
| 7. KNOWLEDGE: TRAFFIC CODES
VERBAL/WRITTEN/SIMULATED TESTING
FIELD PERFORMANCE | <input type="checkbox"/> |
| 8. KNOWLEDGE: CODES OF CRIMINAL PROCEDURE
VERBAL/WRITTEN/SIMULATED TESTING
FIELD PERFORMANCE | <input type="checkbox"/> |
| PERFORMANCE | |
| 9. DRIVING SKILL: NORMAL CONDITIONS | <input type="checkbox"/> |
| 10. DRIVING SKILL: MODERATE/HIGH STRESS | <input type="checkbox"/> |
| 11. ORIENTATION/RESPONSE TIME TO CALLS | <input type="checkbox"/> |
| 12. ROUTINE FORMS: ACCURACY/COMPLETENESS | <input type="checkbox"/> |
| 13. REPORT WRITING: ORGANIZATION/DETAILS | <input type="checkbox"/> |
| 14. REPORT WRITING: GRAMMAR/SPELLING/NEATNESS | <input type="checkbox"/> |
| 15. REPORT WRITING: APPROPRIATE TIME USED | <input type="checkbox"/> |
| 16. FIELD PERFORMANCE: NON-STRESS CONDITIONS | <input type="checkbox"/> |
| 17. FIELD PERFORMANCE: STRESS CONDITIONS | <input type="checkbox"/> |
| 18. INVESTIGATIVE SKILL | <input type="checkbox"/> |
| 19. INTERVIEW/INTERROGATION SKILL | <input type="checkbox"/> |
| 20. SELF-INITIATED FIELD ACTIVITY | <input type="checkbox"/> |
| 21. OFFICER SAFETY: GENERAL | <input type="checkbox"/> |
| 22. OFFICER SAFETY: SUSPECTS/PRISONERS | <input type="checkbox"/> |
| 23. CONTROL OF CONFLICT: VOICE COMMAND | <input type="checkbox"/> |
| 24. CONTROL OF CONFLICT: PHYSICAL CONTROL | <input type="checkbox"/> |
| 25. PROBLEM SOLVING/DECISION MAKING | <input type="checkbox"/> |
| 26. RADIO: APPROPRIATE USE OF CODES/PROCEDURE | <input type="checkbox"/> |
| 27. RADIO: LISTENS AND COMPREHENDS | <input type="checkbox"/> |
| 28. RADIO: ARTICULATION OF TRANSMISSIONS | <input type="checkbox"/> |
| RELATIONSHIPS | |
| 29. WITH CITIZENS IN GENERAL | <input type="checkbox"/> |
| 30. WITH ETHNIC/CULTURAL/SOCIAL GROUPS | <input type="checkbox"/> |
| 31. WITH OTHER DEPARTMENT MEMBERS | <input type="checkbox"/> |

TOTAL MINUTES OF REMEDIAL TRAINING TIME TODAY (Note Specific Remedial Plan)

THE MOST SATISFACTORY AREA OF PERFORMANCE OF THE DAY WAS IN CATEGORY NUMBER: _____
 A SPECIFIC INCIDENT WHICH JUSTIFIES THE RATING IS: _____

THE LEAST SATISFACTORY AREA OF PERFORMANCE OF THE DAY WAS IN CATEGORY NUMBER: _____
 A SPECIFIC INCIDENT WHICH JUSTIFIES THE RATING IS: _____

DOCUMENTATION OF PERFORMANCE AND COMMENTS:

CATEGORY

CATEGORY	DOCUMENTATION OF PERFORMANCE AND COMMENTS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

WRITE ANY FURTHER COMMENTS ON NARRATIVE CONTINUATION FORM

 TRAINEE'S SIGNATURE

 FTO'S SIGNATURE

 FTO SUPERVISOR'S SIGNATURE

 FTO COORDINATOR'S SIGNATURE

- | | | | |
|--|-----------------------------------|------------------------------|-------------------|
| 1. SET THE STAGE/SCENE | 4. USE LISTS AS APPROPRIATE | 7. THINK REMEDIAL | 10. DON'T PREDICT |
| 2. CONSIDER VERBATIM QUOTES | 5. REPORT FACTS/AVOID CONCLUSIONS | 8. QUANTIFY WHEN APPROPRIATE | |
| 3. CRITIQUE PERFORMANCE/NOT THE PERSON | 6. CHECK SPELLING/GRAMMAR, ETC. | 9. REMEMBER YOUR AUDIENCE | |

SCENE A-1: SHOPLIFTING CALL

DAILY OBSERVATION REPORT

TRAINEE'S LAST NAME _____ BADGE # _____ FTO'S LAST NAME _____ BADGE # _____ DATE _____

RATING INSTRUCTIONS: Rate observed behavior using the scale below. Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, but specific documentation is required for ratings of "1" or "7" (Check "D.S." if score/rating is documented on the reverse of the form). Check "N.O." box if behavior is not observed. If trainee fails to respond to training, check "N.R.T." box and comment. "R.T." refers to an identified need for remedial training.

WATCH:
 PHASE:

RATING SCALE

ASSIGNMENT OR REASON FOR NO EVALUATION

NOT ACCEPTABLE BY FTO PROGRAM STANDARDS

ACCEPTABLE LEVEL

SUPERIOR BY FTO PROGRAM STANDARDS

←————→ D.S. <input type="checkbox"/>		1	2	3	4	5	6	7		←————→ N.O. <input type="checkbox"/>	N.R.T. <input type="checkbox"/>
	5.	1	2	3	4	5	6	7			
	12.	1	2	3	4	5	6	7			
	19.	1	2	3	4	5	6	7			
	22.	1	2	3	4	5	6	7			
	25.	1	2	3	4	5	6	7			

<p>KNOWLEDGE</p> <p>5. KNOWLEDGE: CRIMINAL STATUTES VERBAL/WRITTEN/SIMULATED TESTING FIELD PERFORMANCE</p> <p>PERFORMANCE</p> <p>12. ROUTINE FORMS: ACCURACY AND COMPLETENESS 19. INTERVIEW/INTERROGATION SKILL 22. OFFICER SAFETY: SUSPECTS/PRISONERS 25. PROBLEM SOLVING/DECISION MAKING</p>	<p>R.T. <input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
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DOCUMENTATION OF PERFORMANCE AND COMMENTS:

<p>CATEGORY</p>	

Note: (1) Remember, only score the things you see the recruit doing on the video. Do not score behaviors not seen, including behaviors that are assumed. (2) Also, the listed behaviors are in the order of appearance on the DOR, not necessarily in the order in which they appear on the video.

SCENE A-2: DOMESTIC VIOLENCE CALL

DAILY OBSERVATION REPORT

TRAINEE'S LAST NAME BADGE # FTO'S LAST NAME BADGE # DATE

WATCH:
 PHASE:

RATING INSTRUCTIONS: Rate observed behavior using the scale below. Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, but specific documentation is required for ratings of "1" or "7" (Check "D.S." if score/rating is documented on the reverse of the form). Check "N.O." box if behavior is not observed. If trainee fails to respond to training, check "N.R.T." box and comment. "R.T." refers to an identified need for remedial training.

RATING SCALE

ASSIGNMENT OR REASON FOR NO EVALUATION

	NOT ACCEPTABLE BY FTO PROGRAM STANDARDS		ACCEPTABLE LEVEL								SUPERIOR BY FTO PROGRAM STANDARDS	
			←								→	
	D.S. <input type="checkbox"/>		1	2	3	4	5	6	7		N.O. <input type="checkbox"/>	N.R.T. <input type="checkbox"/>
	4.		1	2	3	4	5	6	7		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	17.		1	2	3	4	5	6	7		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	19.		1	2	3	4	5	6	7		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	21.		1	2	3	4	5	6	7		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	22.		1	2	3	4	5	6	7		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	23.		1	2	3	4	5	6	7		<input type="checkbox"/>	<input type="checkbox"/>

	KNOWLEDGE	
	4. KNOWLEDGE: DEPT. POLICIES/PROCEDURES VERBAL/WRITTEN/SIMULATED TESTING FIELD PERFORMANCE	<input type="checkbox"/>
	PERFORMANCE	
	17. FIELD PERFORMANCE: STRESS CONDITIONS	<input type="checkbox"/>
	19. INTERVIEW/INTERROGATION SKILL	<input type="checkbox"/>
	21. OFFICER SAFETY: GENERAL	<input type="checkbox"/>
	22. OFFICER SAFETY: SUSPECTS/PRISONERS	<input type="checkbox"/>
	23. CONTROL OF CONFLICT: VOICE COMMAND	<input type="checkbox"/>

DOCUMENTATION OF PERFORMANCE AND COMMENTS:

CATEGORY

Note: (1) Remember, only score the things you see the recruit doing on the video. Do not score behaviors not seen, including behaviors that are assumed.
 (2) Also, the listed behaviors are in the order of appearance on the DOR, not necessarily in the order in which they appear on the video.

SCENE A-3: TRAFFIC STOP/TRAFFIC VIOLATION

DAILY OBSERVATION REPORT

TRAINEE'S LAST NAME _____ BADGE # _____ FTO'S LAST NAME _____ BADGE # _____ DATE _____

RATING INSTRUCTIONS: Rate observed behavior using the scale below. Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, but specific documentation is required for ratings of "1" or "7" (Check "D.S." if score/rating is documented on the reverse of the form). Check "N.O." box if behavior is not observed. If trainee fails to respond to training, check "N.R.T." box and comment. "R.T." refers to an identified need for remedial training.

WATCH:
 PHASE:

RATING SCALE

ASSIGNMENT OR REASON FOR NO EVALUATION

NOT ACCEPTABLE
BY FTO PROGRAM
STANDARDS

ACCEPTABLE
LEVEL

SUPERIOR BY
FTO PROGRAM
STANDARDS



D.S.		1	2	3	4	5	6	7	N.O.	N.R.T.
<input type="checkbox"/>	7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	21.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

KNOWLEDGE		R.T.
	7. KNOWLEDGE: TRAFFIC CODES VERBAL/WRITTEN/SIMULATED TESTING FIELD PERFORMANCE	<input type="checkbox"/>
PERFORMANCE		
	12. ROUTINE FORMS: ACCURACY AND COMPLETENESS	<input type="checkbox"/>
	20. SELF-INITIATED FIELD ACTIVITY	<input type="checkbox"/>
	21. OFFICER SAFETY: GENERAL	<input type="checkbox"/>

DOCUMENTATION OF PERFORMANCE AND COMMENTS:

CATEGORY

Note: (1) Remember, only score the things you see the recruit doing on the video. Do not score behaviors not seen, including behaviors that are assumed.
 (2) Also, the listed behaviors are in the order of appearance on the DOR, not necessarily in the order in which they appear on the video.

SCENE B-1: BURGLARY REPORT

DAILY OBSERVATION REPORT

TRAINEE'S LAST NAME

BADGE #

FTO'S LAST NAME

BADGE #

DATE

RATING INSTRUCTIONS: Rate observed behavior using the scale below. Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, but specific documentation is required for ratings of "1" or "7" (Check "D.S." if score/rating is documented on the reverse of the form). Check "N.O." box if behavior is not observed. If trainee fails to respond to training, check "N.R.T." box and comment. "R.T." refers to an identified need for remedial training.

WATCH:

PHASE:

RATING SCALE

NOT ACCEPTABLE
BY FTO PROGRAM
STANDARDS

ACCEPTABLE
LEVEL

SUPERIOR BY
FTO PROGRAM
STANDARDS

←————→ 1 2 3 4 5 6 7 ←————→

D.S.

5.

1 2 3 4 5 6 7

N.O.

N.R.T.

KNOWLEDGE

5. KNOWLEDGE: CRIMINAL STATUTES
VERBAL/Written/SIMULATED TESTING
FIELD PERFORMANCE

R.T.

11.
19.

1 2 3 4 5 6 7
1 2 3 4 5 6 7

PERFORMANCE

11. ORIENTATION/RESPONSE TIME TO CALLS
19. INTERVIEW/INTERROGATION SKILL

29.

1 2 3 4 5 6 7

RELATIONSHIPS

29. WITH CITIZENS IN GENERAL

ASSIGNMENT OR REASON FOR NO EVALUATION

DOCUMENTATION OF PERFORMANCE AND COMMENTS:

CATEGORY

Note: (1) Remember, only score the things you see the recruit doing on the video. Do not score behaviors not seen, including behaviors that are assumed. (2) Also, the listed behaviors are in the order of appearance on the DOR, not necessarily in the order in which they appear on the video.

SCENE B-2: ARMED ROBBERY CALL

DAILY OBSERVATION REPORT

RATING INSTRUCTIONS: Rate observed behavior using the scale below. Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, but specific documentation is required for ratings of "1" or "7" (Check "D.S." if score/rating is documented on the reverse of the form). Check "N.O." box if behavior is not observed. If trainee fails to respond to training, check "N.R.T." box and comment. "R.T." refers to an identified need for remedial training.

WATCH:

PHASE:

	RATING SCALE	
NOT ACCEPTABLE BY FTO PROGRAM STANDARDS	ACCEPTABLE LEVEL	SUPERIOR BY FTO PROGRAM STANDARDS
←————→	1 2 3 4 5 6 7	←————→

ASSIGNMENT OR REASON FOR NO EVALUATION

	D.S.		N.O.	N.R.T.	PERFORMANCE	R.T.
<input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/>	19 25. 26. 28.	1 2 3 4 5 6 7 1 2 3 4 5 6 7 1 2 3 4 5 6 7 1 2 3 4 5 6 7	<input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/>	19. INTERVIEW/INTERROGATION SKILL 25. PROBLEM SOLVING/DECISION MAKING 26. RADIO: APPROPRIATE USE OF CODES/PROCEDURES 28. RADIO: ARTICULATION OF TRANSMISSIONS	<input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/>

DOCUMENTATION OF PERFORMANCE AND COMMENTS:

CATEGORY	

Note: (1) Remember, only score the things you see the recruit doing on the video. Do not score behaviors not seen, including behaviors that are assumed.
 (2) Also, the listed behaviors are in the order of appearance on the DOR, not necessarily in the order in which they appear on the video.

SCENE B-3: AUTO BURGLARY (IN PROGRESS)

DAILY OBSERVATION REPORT

TRAINEE'S LAST NAME _____ BADGE # _____ FTO'S LAST NAME _____ BADGE # _____ DATE _____

RATING INSTRUCTIONS: Rate observed behavior using the scale below. Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, but specific documentation is required for ratings of "1" or "7" (Check "D.S." if score/rating is documented on the reverse of the form). Check "N.O." box if behavior is not observed. If trainee fails to respond to training, check "N.R.T." box and comment. "R.T." refers to an identified need for remedial training.

WATCH:
 PHASE:

	RATING SCALE							ASSIGNMENT OR REASON FOR NO EVALUATION			
NOT ACCEPTABLE BY FTO PROGRAM STANDARDS								SUPERIOR BY FTO PROGRAM STANDARDS			
	1	2	3	4	5	6	7				
D.S. <input style="width: 30px; height: 20px;" type="checkbox"/>	3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N.O. <input style="width: 30px; height: 20px;" type="checkbox"/>	N.R.T. <input style="width: 30px; height: 20px;" type="checkbox"/>	ATTITUDE 3. ATTITUDE TOWARDS THE JOB	R.T. <input style="width: 30px; height: 20px;" type="checkbox"/>
<input style="width: 30px; height: 20px;" type="checkbox"/>	5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 30px; height: 20px;" type="checkbox"/>	<input style="width: 30px; height: 20px;" type="checkbox"/>	KNOWLEDGE 5. KNOWLEDGE: CRIMINAL STATUTES VERBAL/WRITTEN/SIMULATED TESTING FIELD PERFORMANCE	<input style="width: 30px; height: 20px;" type="checkbox"/>
<input style="width: 30px; height: 20px;" type="checkbox"/>	11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 30px; height: 20px;" type="checkbox"/>	<input style="width: 30px; height: 20px;" type="checkbox"/>	PERFORMANCE 11. ORIENTATION/RESPONSE TIME TO CALLS	<input style="width: 30px; height: 20px;" type="checkbox"/>
<input style="width: 30px; height: 20px;" type="checkbox"/>	17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 30px; height: 20px;" type="checkbox"/>	<input style="width: 30px; height: 20px;" type="checkbox"/>	17. FIELD PERFORMANCE: STRESS CONDITIONS	<input style="width: 30px; height: 20px;" type="checkbox"/>
<input style="width: 30px; height: 20px;" type="checkbox"/>	20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 30px; height: 20px;" type="checkbox"/>	<input style="width: 30px; height: 20px;" type="checkbox"/>	20. SELF-INITIATED FIELD ACTIVITY	<input style="width: 30px; height: 20px;" type="checkbox"/>
<input style="width: 30px; height: 20px;" type="checkbox"/>	22.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 30px; height: 20px;" type="checkbox"/>	<input style="width: 30px; height: 20px;" type="checkbox"/>	22. OFFICER SAFETY: SUSPECTS/PRISONER	<input style="width: 30px; height: 20px;" type="checkbox"/>

DOCUMENTATION OF PERFORMANCE AND COMMENTS:

CATEGORY	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Note: (1) Remember, only score the things you see the recruit doing on the video. Do not score behaviors not seen, including behaviors that are assumed.
 (2) Also, the listed behaviors are in the order of appearance on the DOR, not necessarily in the order in which they appear on the video.

SCENE C-1: W. & I. 5150 CALL

DAILY OBSERVATION REPORT

TRAINEE'S LAST NAME
BADGE #
FTO'S LAST NAME
BADGE #
DATE

RATING INSTRUCTIONS: Rate observed behavior using the scale below. Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, but specific documentation is required for ratings of "1" or "7" (Check "D.S." if score/rating is documented on the reverse of the form). Check "N.O." box if behavior is not observed. If trainee fails to respond to training, check "N.R.T." box and comment. "R.T." refers to an identified need for remedial training.

WATCH:
PHASE:

RATING SCALE

NOT ACCEPTABLE BY FTO PROGRAM STANDARDS
 ACCEPTABLE LEVEL
 SUPERIOR BY FTO PROGRAM STANDARDS

←————— 1 2 3 4 5 6 7 —————→

ASSIGNMENT OR REASON FOR NO EVALUATION

<input type="checkbox"/>	D.S.	5.	1	2	3	4	5	6	7	<input type="checkbox"/>	N.O.	<input type="checkbox"/>	N.R.T.						<input type="checkbox"/>	R.T.	
<input type="checkbox"/>		5.								<input type="checkbox"/>		<input type="checkbox"/>								<input type="checkbox"/>	
<input type="checkbox"/>		19.								<input type="checkbox"/>		<input type="checkbox"/>								<input type="checkbox"/>	
<input type="checkbox"/>		21.								<input type="checkbox"/>		<input type="checkbox"/>								<input type="checkbox"/>	
<input type="checkbox"/>		25.								<input type="checkbox"/>		<input type="checkbox"/>								<input type="checkbox"/>	
<input type="checkbox"/>		29.								<input type="checkbox"/>		<input type="checkbox"/>								<input type="checkbox"/>	

- KNOWLEDGE**
- 5. KNOWLEDGE: CRIMINAL STATUTES
VERBAL/WRITTEN/SIMULATED TESTING
FIELD PERFORMANCE
- PERFORMANCE**
- 19. INTERVIEW/INTERROGATION SKILL
- 21. OFFICER SAFETY: GENERAL (See Category I, J)
- 25. PROBLEM SOLVING/DECISION MAKING
- RELATIONSHIPS**
- 29. WITH CITIZENS IN GENERAL

DOCUMENTATION OF PERFORMANCE AND COMMENTS:

CATEGORY	

Note: (1) Remember, only score the things you see the recruit doing on the video. Do not score behaviors not seen, including behaviors that are assumed. (2) Also, the listed behaviors are in the order of appearance on the DOR, not necessarily in the order in which they appear on the video.

SCENE C-2: HATE CRIME (IN PROGRESS)

DAILY OBSERVATION REPORT

TRAINEE'S LAST NAME

BADGE #

FTO'S LAST NAME

BADGE #

DATE

WATCH:

PHASE:

RATING INSTRUCTIONS: Rate observed behavior using the scale below. Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, but specific documentation is required for ratings of "1" or "7" (Check "D.S." if score/rating is documented on the reverse of the form). Check "N.O." box if behavior is not observed. If trainee fails to respond to training, check "N.R.T." box and comment. "R.T." refers to an identified need for remedial training.

RATING SCALE

ASSIGNMENT OR REASON FOR NO EVALUATION

**NOT ACCEPTABLE
BY FTO PROGRAM
STANDARDS**

**ACCEPTABLE
LEVEL**

**SUPERIOR BY
FTO PROGRAM
STANDARDS**

	←	1	2	3	4	5	6	7	→		
D.S.	<input type="checkbox"/>	5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N.O.	N.R.T.

	KNOWLEDGE		R.T.
<input type="checkbox"/>	5. KNOWLEDGE: CRIMINAL STATUTES VERBAL/WRITTEN/SIMULATED TESTING FIELD PERFORMANCE	<input type="checkbox"/>	<input type="checkbox"/>

		1	2	3	4	5	6	7		
<input type="checkbox"/>	17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	PERFORMANCE		
<input type="checkbox"/>	17. FIELD PERFORMANCE: STRESS CONDITIONS	<input type="checkbox"/>	<input type="checkbox"/>

DOCUMENTATION OF PERFORMANCE AND COMMENTS:

CATEGORY

Note: (1) Remember, only score the things you see the recruit doing on the video. Do not score behaviors not seen, including behaviors that are assumed. (2) Also, the listed behaviors are in the order of appearance on the DOR, not necessarily in the order in which they appear on the video.

SCENE C-3: MISSING PERSON REPORT

DAILY OBSERVATION REPORT

TRAINEE'S LAST NAME _____ BADGE # _____ FTO'S LAST NAME _____ BADGE # _____ DATE _____

RATING INSTRUCTIONS: Rate observed behavior using the scale below. Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, but specific documentation is required for ratings of "1" or "7" (Check "D.S." if score/rating is documented on the reverse of the form). Check "N.O." box if behavior is not observed. If trainee fails to respond to training, check "N.R.T." box and comment. "R.T." refers to an identified need for remedial training.

WATCH:
 PHASE:

RATING SCALE

ASSIGNMENT OR REASON FOR NO EVALUATION

NOT ACCEPTABLE BY FTO PROGRAM STANDARDS ACCEPTABLE LEVEL SUPERIOR BY FTO PROGRAM STANDARDS



D.S.		1	2	3	4	5	6	7	N.O.	N.R.T.
<input style="width: 30px; height: 15px;" type="checkbox"/>	5.	1	2	3	4	5	6	7	<input style="width: 30px; height: 15px;" type="checkbox"/>	<input style="width: 30px; height: 15px;" type="checkbox"/>
<input style="width: 30px; height: 15px;" type="checkbox"/>	19.	1	2	3	4	5	6	7	<input style="width: 30px; height: 15px;" type="checkbox"/>	<input style="width: 30px; height: 15px;" type="checkbox"/>
<input style="width: 30px; height: 15px;" type="checkbox"/>	25.	1	2	3	4	5	6	7	<input style="width: 30px; height: 15px;" type="checkbox"/>	<input style="width: 30px; height: 15px;" type="checkbox"/>

KNOWLEDGE R.T.
 5. KNOWLEDGE: CRIMINAL STATUTES
 VERBAL/WRITTEN/SIMULATED TESTING
 FIELD PERFORMANCE

PERFORMANCE
 19. INTERVIEW/INTERROGATION SKILL
 25. PROBLEM SOLVING/DECISION MAKING

DOCUMENTATION OF PERFORMANCE AND COMMENTS:

CATEGORY

Note: (1) Remember, only score the things you see the recruit doing on the video. Do not score behaviors not seen, including behaviors that are assumed.
 (2) Also, the listed behaviors are in the order of appearance on the DOR, not necessarily in the order in which they appear on the video.

SCENE D-1: DRUNK IN PUBLIC CALL

DAILY OBSERVATION REPORT

TRAINEE'S LAST NAME	BADGE #	FTO'S LAST NAME	BADGE #	DATE
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RATING INSTRUCTIONS: Rate observed behavior using the scale below. Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, but specific documentation is required for ratings of "1" or "7" (Check "D.S." if score/rating is documented on the reverse of the form). Check "N.O." box if behavior is not observed. If trainee fails to respond to training, check "N.R.T." box and comment. "R.T." refers to an identified need for remedial training.

WATCH:
PHASE:

		RATING SCALE								
NOT ACCEPTABLE BY FTO PROGRAM STANDARDS		ACCEPTABLE LEVEL					SUPERIOR BY FTO PROGRAM STANDARDS			
	➔	1	2	3	4	5	6	7	←	
D.S. <input type="checkbox"/>	5.	1	2	3	4	5	6	7	N.O. <input type="checkbox"/>	N.R.T. <input type="checkbox"/>
<input type="checkbox"/>	17.	1	2	3	4	5	6	7	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	19.	1	2	3	4	5	6	7	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	21.	1	2	3	4	5	6	7	<input type="checkbox"/>	<input type="checkbox"/>

ASSIGNMENT OR REASON FOR NO EVALUATION

<p>KNOWLEDGE</p> <p>5. KNOWLEDGE: CRIMINAL STATUTES VERBAL/WRITTEN/SIMULATED TESTING FIELD PERFORMANCE</p> <p>PERFORMANCE</p> <p>17. FIELD PERFORMANCE: STRESS CONDITIONS 19. INTERVIEW/INTERROGATION SKILL 21. OFFICER SAFETY: GENERAL</p>	<p style="text-align: right;">R.T. <input type="checkbox"/></p> <p style="text-align: right;"><input type="checkbox"/></p> <p style="text-align: right;"><input type="checkbox"/></p> <p style="text-align: right;"><input type="checkbox"/></p>
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DOCUMENTATION OF PERFORMANCE AND COMMENTS:

CATEGORY	

Note: (1) Remember, only score the things you see the recruit doing on the video. Do not score behaviors not seen, including behaviors that are assumed. (2) Also, the listed behaviors are in the order of appearance on the DOR, not necessarily in the order in which they appear on the video.

SCENE D-2: LOUD MUSIC CALL

DAILY OBSERVATION REPORT

TRAINEE'S LAST NAME BADGE # FTO'S LAST NAME BADGE # DATE

RATING INSTRUCTIONS: Rate observed behavior using the scale below. Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, but specific documentation is required for ratings of "1" or "7" (Check "D.S." if score/rating is documented on the reverse of the form). Check "N.O." box if behavior is not observed. If trainee fails to respond to training, check "N.R.T." box and comment. "R.T." refers to an identified need for remedial training.

WATCH:
PHASE:

RATING SCALE										ASSIGNMENT OR REASON FOR NO EVALUATION			
NOT ACCEPTABLE BY FTO PROGRAM STANDARDS			ACCEPTABLE LEVEL				SUPERIOR BY FTO PROGRAM STANDARDS						
←			1	2	3	4	5	6	7	→			
<input type="checkbox"/> D.S.	4.	<input type="checkbox"/>	1	2	3	4	5	6	7	<input type="checkbox"/> N.O.	<input type="checkbox"/> N.R.T.	KNOWLEDGE	<input type="checkbox"/> R.T.
<input type="checkbox"/>	9.	<input type="checkbox"/>	1	2	3	4	5	6	7	<input type="checkbox"/>	<input type="checkbox"/>	4. KNOWLEDGE: DEPT. POLICIES AND PROCEDURES VERBAL/Written/SIMULATED TESTING FIELD PERFORMANCE	<input type="checkbox"/>
<input type="checkbox"/>	19.	<input type="checkbox"/>	1	2	3	4	5	6	7	<input type="checkbox"/>	<input type="checkbox"/>	PERFORMANCE	<input type="checkbox"/>
<input type="checkbox"/>	21.	<input type="checkbox"/>	1	2	3	4	5	6	7	<input type="checkbox"/>	<input type="checkbox"/>	9. DRIVING SKILL: NORMAL CONDITIONS	<input type="checkbox"/>
<input type="checkbox"/>	23.	<input type="checkbox"/>	1	2	3	4	5	6	7	<input type="checkbox"/>	<input type="checkbox"/>	19. INTERVIEW/INTERROGATION SKILL	<input type="checkbox"/>
												21. FIELD PERFORMANCE	<input type="checkbox"/>
												23. CONTROL OF CONFLICT: VOICE COMMAND	<input type="checkbox"/>

DOCUMENTATION OF PERFORMANCE AND COMMENTS:

CATEGORY	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Note: (1) Remember, only score the things you see the recruit doing on the video. Do not score behaviors not seen, including behaviors that are assumed. (2) Also, the listed behaviors are in the order of appearance on the DOR, not necessarily in the order in which they appear on the video.

SCENE D-3: NARCOTICS VIOLATION (IN PROGRESS)

DAILY OBSERVATION REPORT

RATING INSTRUCTIONS: Rate observed behavior using the scale below. Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, but specific documentation is required for ratings of "1" or "7" (Check "D.S." if score/rating is documented on the reverse of the form). Check "N.O." box if behavior is not observed. If trainee fails to respond to training, check "N.R.T." box and comment. "R.T." refers to an identified need for remedial training.

WATCH:

PHASE:

RATING SCALE

ASSIGNMENT OR REASON FOR NO EVALUATION

	NOT ACCEPTABLE BY FTO PROGRAM STANDARDS		ACCEPTABLE LEVEL						SUPERIOR BY FTO PROGRAM STANDARDS	
	←		1 2 3 4 5 6 7						→	
D.S. <input style="width: 30px; height: 20px;" type="checkbox"/>	5.		1 2 3 4 5 6 7						N.O. <input style="width: 30px; height: 20px;" type="checkbox"/>	N.R.T. <input style="width: 30px; height: 20px;" type="checkbox"/>
<input style="width: 30px; height: 20px;" type="checkbox"/>	8.		1 2 3 4 5 6 7						<input style="width: 30px; height: 20px;" type="checkbox"/>	<input style="width: 30px; height: 20px;" type="checkbox"/>
<input style="width: 30px; height: 20px;" type="checkbox"/>	17.		1 2 3 4 5 6 7						<input style="width: 30px; height: 20px;" type="checkbox"/>	<input style="width: 30px; height: 20px;" type="checkbox"/>
<input style="width: 30px; height: 20px;" type="checkbox"/>	23.		1 2 3 4 5 6 7						<input style="width: 30px; height: 20px;" type="checkbox"/>	<input style="width: 30px; height: 20px;" type="checkbox"/>
<input style="width: 30px; height: 20px;" type="checkbox"/>	24.		1 2 3 4 5 6 7						<input style="width: 30px; height: 20px;" type="checkbox"/>	<input style="width: 30px; height: 20px;" type="checkbox"/>
<input style="width: 30px; height: 20px;" type="checkbox"/>	25.		1 2 3 4 5 6 7						<input style="width: 30px; height: 20px;" type="checkbox"/>	<input style="width: 30px; height: 20px;" type="checkbox"/>
<input style="width: 30px; height: 20px;" type="checkbox"/>	28.		1 2 3 4 5 6 7						<input style="width: 30px; height: 20px;" type="checkbox"/>	<input style="width: 30px; height: 20px;" type="checkbox"/>
<input style="width: 30px; height: 20px;" type="checkbox"/>	29.		1 2 3 4 5 6 7						<input style="width: 30px; height: 20px;" type="checkbox"/>	<input style="width: 30px; height: 20px;" type="checkbox"/>

<p>KNOWLEDGE</p> <p>5. KNOWLEDGE: CRIMINAL STATUTES VERBAL/WRITTEN/SIMULATED TESTING FIELD PERFORMANCE</p> <p>8. KNOWLEDGE: CODES OF CRIMINAL PROCEDURE VERBAL/WRITTEN/SIMULATED TESTING FIELD PERFORMANCE</p> <p>PERFORMANCE</p> <p>17. FIELD PERFORMANCE: STRESS CONDITIONS</p> <p>23. CONTROL OF CONFLICT: VOICE COMMAND</p> <p>24. CONTROL OF CONFLICT: PHYSICAL CONTROL</p> <p>25. PROBLEM SOLVING/DECISION MAKING</p> <p>28. RADIO: ARTICULATION OF TRANSMISSIONS</p> <p>RELATIONSHIPS</p> <p>29. WITH CITIZENS IN GENERAL [Witness]</p>	<p style="text-align: right;">R.T.</p> <p style="text-align: right;"><input style="width: 30px; height: 20px;" type="checkbox"/></p> <p style="text-align: right;"><input style="width: 30px; height: 20px;" type="checkbox"/></p> <p style="text-align: right;"><input style="width: 30px; height: 20px;" type="checkbox"/></p> <p style="text-align: right;"><input style="width: 30px; height: 20px;" type="checkbox"/></p> <p style="text-align: right;"><input style="width: 30px; height: 20px;" type="checkbox"/></p> <p style="text-align: right;"><input style="width: 30px; height: 20px;" type="checkbox"/></p> <p style="text-align: right;"><input style="width: 30px; height: 20px;" type="checkbox"/></p> <p style="text-align: right;"><input style="width: 30px; height: 20px;" type="checkbox"/></p> <p style="text-align: right;"><input style="width: 30px; height: 20px;" type="checkbox"/></p>
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DOCUMENTATION OF PERFORMANCE AND COMMENTS:

CATEGORY	

Note: (1) Remember, only score the things you see the recruit doing on the video. Do not score behaviors not seen, including behaviors that are assumed. (2) Also, the listed behaviors are in the order of appearance on the DOR, not necessarily in the order in which they appear on the video.

DAILY OBSERVATION REPORT - SET A

TRAINEE'S LAST NAME

BADGE #

FTO'S LAST NAME

BADGE #

DATE

RATING INSTRUCTIONS: Rate observed behavior using the scale below. Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, but specific documentation is required for ratings of "1" or "7" (Check "D.S." if score/rating is documented on the reverse of the form). Check "N.O." box if behavior is not observed. If trainee fails to respond to training, check "N.R.T." box and comment. "R.T." refers to an identified need for remedial training.

WATCH:

PHASE:

RATING SCALE

NOT ACCEPTABLE BY FTO PROGRAM STANDARDS

ACCEPTABLE LEVEL

SUPERIOR BY FTO PROGRAM STANDARDS

1 2 3 4 5 6 7

ASSIGNMENT OR REASON FOR NO EVALUATION

SCENE A-1: SHOPLIFTING CALL

D.S. <input type="checkbox"/>	5.	1 2 3 4 5 6 7	N.O. <input type="checkbox"/>	N.R.T. <input type="checkbox"/>	KNOWLEDGE	R.T. <input type="checkbox"/>
					5. KNOWLEDGE: CRIMINAL STATUTES VERBAL/WRITTEN/SIMULATED TESTING FIELD PERFORMANCE	
<input type="checkbox"/>	12.	1 2 3 4 5 6 7	<input type="checkbox"/>	<input type="checkbox"/>	PERFORMANCE	<input type="checkbox"/>
<input type="checkbox"/>	19.	1 2 3 4 5 6 7	<input type="checkbox"/>	<input type="checkbox"/>	12. ROUTINE FORMS: ACCURACY AND COMPLETENESS	<input type="checkbox"/>
<input type="checkbox"/>	22.	1 2 3 4 5 6 7	<input type="checkbox"/>	<input type="checkbox"/>	19. INTERVIEW/INTERROGATION SKILL	<input type="checkbox"/>
<input type="checkbox"/>	25.	1 2 3 4 5 6 7	<input type="checkbox"/>	<input type="checkbox"/>	22. OFFICER SAFETY: SUSPECTS/PRISONERS	<input type="checkbox"/>
					25. PROBLEM SOLVING/DECISION MAKING	<input type="checkbox"/>

SCENE A-2: DOMESTIC VIOLENCE CALL

D.S. <input type="checkbox"/>	4.	1 2 3 4 5 6 7	N.O. <input type="checkbox"/>	N.R.T. <input type="checkbox"/>	KNOWLEDGE	R.T. <input type="checkbox"/>
					4. KNOWLEDGE: DEPT. POLICIES/PROCEDURES VERBAL/WRITTEN/SIMULATED TESTING FIELD PERFORMANCE	
<input type="checkbox"/>	17.	1 2 3 4 5 6 7	<input type="checkbox"/>	<input type="checkbox"/>	PERFORMANCE	<input type="checkbox"/>
<input type="checkbox"/>	19.	1 2 3 4 5 6 7	<input type="checkbox"/>	<input type="checkbox"/>	17. FIELD PERFORMANCE: STRESS CONDITIONS	<input type="checkbox"/>
<input type="checkbox"/>	21.	1 2 3 4 5 6 7	<input type="checkbox"/>	<input type="checkbox"/>	19. INTERVIEW/INTERROGATION SKILL	<input type="checkbox"/>
<input type="checkbox"/>	22.	1 2 3 4 5 6 7	<input type="checkbox"/>	<input type="checkbox"/>	21. OFFICER SAFETY: GENERAL	<input type="checkbox"/>
<input type="checkbox"/>	23.	1 2 3 4 5 6 7	<input type="checkbox"/>	<input type="checkbox"/>	22. OFFICER SAFETY: SUSPECTS/PRISONERS	<input type="checkbox"/>
					23. CONTROL OF CONFLICT: VOICE COMMAND	<input type="checkbox"/>

SCENE A-3: TRAFFIC STOP/TRAFFIC VIOLATION

D.S. <input type="checkbox"/>	7.	1 2 3 4 5 6 7	N.O. <input type="checkbox"/>	N.R.T. <input type="checkbox"/>	KNOWLEDGE	R.T. <input type="checkbox"/>
					7. KNOWLEDGE: TRAFFIC CODES VERBAL/WRITTEN/SIMULATED TESTING FIELD PERFORMANCE	
<input type="checkbox"/>	12.	1 2 3 4 5 6 7	<input type="checkbox"/>	<input type="checkbox"/>	PERFORMANCE	<input type="checkbox"/>
<input type="checkbox"/>	20.	1 2 3 4 5 6 7	<input type="checkbox"/>	<input type="checkbox"/>	12. ROUTINE FORMS: ACCURACY AND COMPLETENESS	<input type="checkbox"/>
<input type="checkbox"/>	21.	1 2 3 4 5 6 7	<input type="checkbox"/>	<input type="checkbox"/>	20. SELF-INITIATED FIELD ACTIVITY	<input type="checkbox"/>
					21. OFFICER SAFETY: GENERAL	<input type="checkbox"/>

Note: (1) Remember, only score the things you see the recruit doing on the video. Do not score behaviors not seen, including behaviors that are assumed.
(2) Also, the listed behaviors are in the order of appearance on the DOR, not necessarily in the order in which they appear on the video.

DAILY OBSERVATION REPORT – SET B

TRAINEE'S LAST NAME BADGE # FTO'S LAST NAME BADGE # DATE

RATING INSTRUCTIONS: Rate observed behavior using the scale below. Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, but specific documentation is required for ratings of "1" or "7" (Check "D.S." if score/rating is documented on the reverse of the form). Check "N.O." box if behavior is not observed. If trainee fails to respond to training, check "N.R.T." box and comment. "R.T." refers to an identified need for remedial training.

WATCH: []
PHASE: []

RATING SCALE
NOT ACCEPTABLE BY FTO PROGRAM STANDARDS 1 2 3 4 5 6 7 SUPERIOR BY FTO PROGRAM STANDARDS

ASSIGNMENT OR REASON FOR NO EVALUATION []

SCENE B-1: BURGLARY REPORT

D.S. 5. 1 2 3 4 5 6 7 N.O. N.R.T. KNOWLEDGE 5. KNOWLEDGE: CRIMINAL STATUTES VERBAL/Written/SIMULATED TESTING FIELD PERFORMANCE R.T. []
PERFORMANCE 11. ORIENTATION/RESPONSE TIME TO CALLS R.T. []
19. INTERVIEW/INTERROGATION SKILL R.T. []
RELATIONSHIPS 29. WITH CITIZENS IN GENERAL R.T. []

SCENE B-2: ARMED ROBBERY CALL

D.S. 19. 1 2 3 4 5 6 7 N.O. N.R.T. PERFORMANCE 19. INTERVIEW/INTERROGATION SKILL R.T. []
25. PROBLEM SOLVING/DECISION MAKING R.T. []
26. RADIO: APPROPRIATE USE OF CODES/PROCEDURE R.T. []
28. RADIO: ARTICULATION OF TRANSMISSIONS R.T. []

SCENE B-3: AUTO BURGLARY (IN PROGRESS)

D.S. 3. 1 2 3 4 5 6 7 N.O. N.R.T. ATTITUDE 3. ATTITUDE TOWARDS THE JOB R.T. []
KNOWLEDGE 5. KNOWLEDGE: CRIMINAL STATUTES VERBAL/Written/SIMULATED TESTING FIELD PERFORMANCE R.T. []
PERFORMANCE 11. ORIENTATION/RESPONSE TIME TO CALLS R.T. []
17. FIELD PERFORMANCE: STRESS CONDITIONS R.T. []
20. SELF-INITIATED FIELD ACTIVITY R.T. []
22. OFFICER SAFETY: SUSPECTS/PRISONERS R.T. []

Note: (1) Remember, only score the things you see the recruit doing on the video. Do not score behaviors not seen, including behaviors that are assumed. (2) Also, the listed behaviors are in the order of appearance on the DOR, not necessarily in the order in which they appear on the video.

DAILY OBSERVATION REPORT – SET C

RATING INSTRUCTIONS: Rate observed behavior using the scale below. Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, but specific documentation is required for ratings of "1" or "7" (Check "D.S." if score/rating is documented on the reverse of the form). Check "N.O." box if behavior is not observed. If trainee fails to respond to training, check "N.R.T." box and comment. "R.T." refers to an identified need for remedial training.

WATCH:
 PHASE:

	RATING SCALE	
NOT ACCEPTABLE BY FTO PROGRAM STANDARDS	ACCEPTABLE LEVEL	SUPERIOR BY FTO PROGRAM STANDARDS
←	1 2 3 4 5 6 7 →	←
		ASSIGNMENT OR REASON FOR NO EVALUATION

SCENE C-1: W. & I. 5150 CALL

D.S. <input type="checkbox"/>	5.	1 2 3 4 5 6 7	N.O. <input type="checkbox"/>	N.R.T. <input type="checkbox"/>	KNOWLEDGE 5. KNOWLEDGE: CRIMINAL STATUTES VERBAL/WRITTEN/SIMULATED TESTING FIELD PERFORMANCE	R.T. <input type="checkbox"/>
<input type="checkbox"/>	19.	1 2 3 4 5 6 7	<input type="checkbox"/>	<input type="checkbox"/>	PERFORMANCE 19. INTERVIEW/INTERROGATION SKILL 21. OFFICER SAFETY: GENERAL (See Category I, J) 25. PROBLEM SOLVING/DECISION MAKING	<input type="checkbox"/>
<input type="checkbox"/>	21.	1 2 3 4 5 6 7	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	25.	1 2 3 4 5 6 7	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	29.	1 2 3 4 5 6 7	<input type="checkbox"/>	<input type="checkbox"/>	RELATIONSHIPS 29. WITH CITIZENS IN GENERAL	<input type="checkbox"/>

SCENE C-2: HATE CRIME (IN PROGRESS)

D.S. <input type="checkbox"/>	5.	1 2 3 4 5 6 7	N.O. <input type="checkbox"/>	N.R.T. <input type="checkbox"/>	KNOWLEDGE 5. KNOWLEDGE: CRIMINAL STATUTES VERBAL/WRITTEN/SIMULATED TESTING FIELD PERFORMANCE	R.T. <input type="checkbox"/>
<input type="checkbox"/>	17.	1 2 3 4 5 6 7	<input type="checkbox"/>	<input type="checkbox"/>	PERFORMANCE 17. FIELD PERFORMANCE: STRESS CONDITIONS	<input type="checkbox"/>

SCENE C-3: MISSING PERSON REPORT

D.S. <input type="checkbox"/>	5.	1 2 3 4 5 6 7	N.O. <input type="checkbox"/>	N.R.T. <input type="checkbox"/>	KNOWLEDGE 5. KNOWLEDGE: CRIMINAL STATUTES VERBAL/WRITTEN/SIMULATED TESTING FIELD PERFORMANCE	R.T. <input type="checkbox"/>
<input type="checkbox"/>	19.	1 2 3 4 5 6 7	<input type="checkbox"/>	<input type="checkbox"/>	PERFORMANCE 19. INTERVIEW/INTERROGATION SKILL 25. PROBLEM SOLVING/DECISION MAKING	<input type="checkbox"/>
<input type="checkbox"/>	25.	1 2 3 4 5 6 7	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Note: (1) Remember, only score the things you see the recruit doing on the video. Do not score behaviors not seen, including behaviors that are assumed. (2) Also, the listed behaviors are in the order of appearance on the DOR, not necessarily in the order in which they appear on the video.

DAILY OBSERVATION REPORT – SET D

TRAINEE'S LAST NAME
BADGE #
FTO'S LAST NAME
BADGE #
DATE

RATING INSTRUCTIONS: Rate observed behavior using the scale below. Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, but specific documentation is required for ratings of "1" or "7" (Check "D.S." if score/rating is documented on the reverse of the form). Check "N.O." box if behavior is not observed. If trainee fails to respond to training, check "N.R.T." box and comment. "R.T." refers to an identified need for remedial training.

WATCH:	
PHASE:	

RATING SCALE

NOT ACCEPTABLE BY FTO PROGRAM STANDARDS **ACCEPTABLE LEVEL** **SUPERIOR BY FTO PROGRAM STANDARDS**

← 1 2 3 4 5 6 7 →

ASSIGNMENT OR REASON FOR NO EVALUATION

SCENE D-1: DRUNK IN PUBLIC CALL

<input type="checkbox"/>	D.S.		5.	1	2	3	4	5	6	7	<input type="checkbox"/>	N.O.	<input type="checkbox"/>	N.R.T.	KNOWLEDGE 5. KNOWLEDGE: CRIMINAL STATUTES VERBAL/WRITTEN/SIMULATED TESTING FIELD PERFORMANCE	<input type="checkbox"/>	R.T.
<input type="checkbox"/>			17.	1	2	3	4	5	6	7	<input type="checkbox"/>		<input type="checkbox"/>		PERFORMANCE	<input type="checkbox"/>	
<input type="checkbox"/>			19.	1	2	3	4	5	6	7	<input type="checkbox"/>		<input type="checkbox"/>		17. FIELD PERFORMANCE: STRESS CONDITIONS	<input type="checkbox"/>	
<input type="checkbox"/>			21.	1	2	3	4	5	6	7	<input type="checkbox"/>		<input type="checkbox"/>		19. INTERVIEW/INTERROGATION SKILL	<input type="checkbox"/>	
<input type="checkbox"/>											<input type="checkbox"/>		<input type="checkbox"/>		21. OFFICER SAFETY: GENERAL	<input type="checkbox"/>	

SCENE D-2: LOUD MUSIC CALL

<input type="checkbox"/>	D.S.		4.	1	2	3	4	5	6	7	<input type="checkbox"/>	N.O.	<input type="checkbox"/>	N.R.T.	KNOWLEDGE 4. KNOWLEDGE: DEPT. POLICIES AND PROCEDURES VERBAL/WRITTEN/SIMULATED TESTING FIELD PERFORMANCE	<input type="checkbox"/>	R.T.
<input type="checkbox"/>			9.	1	2	3	4	5	6	7	<input type="checkbox"/>		<input type="checkbox"/>		PERFORMANCE	<input type="checkbox"/>	
<input type="checkbox"/>			19.	1	2	3	4	5	6	7	<input type="checkbox"/>		<input type="checkbox"/>		9. DRIVING SKILL: NORMAL CONDITIONS	<input type="checkbox"/>	
<input type="checkbox"/>			21.	1	2	3	4	5	6	7	<input type="checkbox"/>		<input type="checkbox"/>		19. INTERVIEW/INTERROGATION SKILL	<input type="checkbox"/>	
<input type="checkbox"/>			23.	1	2	3	4	5	6	7	<input type="checkbox"/>		<input type="checkbox"/>		21. OFFICER SAFETY: GENERAL	<input type="checkbox"/>	
<input type="checkbox"/>											<input type="checkbox"/>		<input type="checkbox"/>		23. CONTROL OF CONFLICT: VOICE COMMAND	<input type="checkbox"/>	

SCENE D-3: NARCOTICS VIOLATION (IN PROGRESS)

<input type="checkbox"/>	D.S.		5.	1	2	3	4	5	6	7	<input type="checkbox"/>	N.O.	<input type="checkbox"/>	N.R.T.	KNOWLEDGE 5. KNOWLEDGE: CRIMINAL STATUTES VERBAL/WRITTEN/SIMULATED TESTING FIELD PERFORMANCE	<input type="checkbox"/>	R.T.
<input type="checkbox"/>			8.	1	2	3	4	5	6	7	<input type="checkbox"/>		<input type="checkbox"/>		8. KNOWLEDGE: CODES OF CRIMINAL PROCEDURE VERBAL/WRITTEN/SIMULATED TESTING FIELD PERFORMANCE	<input type="checkbox"/>	
<input type="checkbox"/>			17.	1	2	3	4	5	6	7	<input type="checkbox"/>		<input type="checkbox"/>		PERFORMANCE	<input type="checkbox"/>	
<input type="checkbox"/>			23.	1	2	3	4	5	6	7	<input type="checkbox"/>		<input type="checkbox"/>		17. FIELD PERFORMANCE: STRESS CONDITIONS	<input type="checkbox"/>	
<input type="checkbox"/>			24.	1	2	3	4	5	6	7	<input type="checkbox"/>		<input type="checkbox"/>		23. CONTROL OF CONFLICT: VOICE COMMAND	<input type="checkbox"/>	
<input type="checkbox"/>			25.	1	2	3	4	5	6	7	<input type="checkbox"/>		<input type="checkbox"/>		24. CONTROL OF CONFLICT: PHYSICAL CONTROL	<input type="checkbox"/>	
<input type="checkbox"/>			28.	1	2	3	4	5	6	7	<input type="checkbox"/>		<input type="checkbox"/>		25. PROBLEM SOLVING/DECISION MAKING	<input type="checkbox"/>	
<input type="checkbox"/>											<input type="checkbox"/>		<input type="checkbox"/>		28. RADIO: ARTICULATION OF TRANSMISSIONS	<input type="checkbox"/>	
<input type="checkbox"/>			29.	1	2	3	4	5	6	7	<input type="checkbox"/>		<input type="checkbox"/>		RELATIONSHIPS	<input type="checkbox"/>	
<input type="checkbox"/>											<input type="checkbox"/>		<input type="checkbox"/>		29. WITH CITIZENS IN GENERAL [Witness]	<input type="checkbox"/>	

Note: (1) Remember, only score the things you see the recruit doing on the video. Do not score behaviors not seen, including behaviors that are assumed.
 (2) Also, the listed behaviors are in the order of appearance on the DOR, not necessarily in the order in which they appear on the video.