

## CLEVELAND DIVISION OF POLICE FIELD TRAINING PROGRAM DAILY OBSERVATION REPORT



PART I - ADMINISTRATIVE DATA																																
(PPO) NAME OF PROBATIONARY POLICE OFFICER (LAST, FIRST, M.I.)						BADO					SIGNATURE														DATE							
(FTO) NAME OF FIELD TRAINING OFFICER (LAST, FIRST, M.I.)							GE				SIGNATURE														DATE							
DISTRICT	TRICT SHIFT Z/C #						V-CL/	ASS			PERIOD FROM COVERED:													THRU								
		Complete a rating for each of the											RVA					skill :	and t	hen i	the c	omn	nent/	(c)								
		E = Exceeds Expectations		reas. When providing comments, indicate the number of the skill and then the comments $M = Meets$ Expectations $N = Needs$ Improvement $U = Unobs$																												
			M:				T:				W:				Th:				F: Sa:								Su:					
	T	ask	Ε	M	N	U	E	M	N	U	Ε	M	N	U	E	M	N	U	E	М	N	U	E	M	N	U	E	M	N	U		
S	1	Acceptance of Constructive Criticism																														
CORE VALUES		Appearance & Personal Equipment																											$\square'$			
/AL		Customer Service																											$\square'$			
E V	4	Interaction with Police Personnel																$\Box$														
OR	5	Reports On-Time														,																
Ö	6	Work Ethic																$\Box$														
	7	Arrest Procedures																	$\Box$													
ES	8	Evidence Procedures					$\Box$		$\Box$									$\Box$	$\Box$		$\Box$	П										
JL URI	9	Non-Emergency Driving																	$\Box$													
PATROL PROCEDURES	10	Orientation																	$\Box$													
PA.	11	Self-Initiated Activity					Г											$\sqcap$	$\Box$		П											
PR	12	Vehicle & Equipment Check							$\Box$										$\Box$							$\Box$						
	13	Vehicle Stops																	$\Box$													
Z	14	Computer / MDT Usage					$\Box$												$\Box$													
COMMNCTN	15	Divisional Forms											1								$\square$	$\square$			$\Box$					П		
Z Z	16	Duty Reports											1					$\Box$	$\Box$		$\square$	П			$\Box$							
WC	17	Radio Communications System											1								$\square$	$\square$			$\Box$					П		
$\ddot{\circ}$	18	RMS Reports					$\Box$											$\Box$	$\Box$	$\Box$	$\square$	$\square$	Г		$\Box$					$\Box$		
<u> </u>	19	Case Law & Legal Knowledge	Г				Г		$\Box$														Г									
PROFSNL KNWLDG	20	Knowledge of GPO's & Policies							$\Box$									$\Box$	$\Box$		П							<b></b>				
S M M	21	Knowledge of Municipal Codes					$\Box$		$\Box$									$\Box$	$\Box$		$\Box$	$\Box$										
A N	22	Knowledge of ORC					M	$\Box$	$\Box$				$\top$		f		$\Box$	$\Box$	$\Box$				$\Box$	$\Box$	$\Box$		f		$\bigcap$	$\Box$		



## CLEVELAND DIVISION OF POLICE FIELD TRAINING PROGRAM DAILY OBSERVATION REPORT



Effective Date: 5/14/14

(PPO) NAME OF PROBATIONARY POLICE OFFICER (LAST, FIRST, M.I.)  BAI											SIGNATURE									DATE										
	PART II - DAILY OBSERVATIONS (continued)  Complete a rating for each of the skill areas. When providing comments, indicate the number of the skill and then the comment(s)  E = Exceeds Expectations																													
Date M: T:						itiOH		W:	14 -	INCC	us II								Sa:	_										
Task			E M N			U	_	M N				М	N	U	Е		1 N	U	Ε	М	N	N U	Ε		N	U	Е	М	N	U
	23 Building Searches																													
	24	Control of Conflict: Use of Force																												
S	25	Control of Conflict: Verbal De-Escalation																												
21	26	Emergency Driving																												
TACTICS	27	Mental Preparedness																												
	28	Situational Assessment																												
	29	Suspect Control / Cuffing																												
	30	Suspect Pat-Down / Search																												
FIELD TRAINING OFFICER (FTO) REVIEW  Identify areas that EXCEED EXPECTATIONS (provide examples by task number & date)  Identify areas that DO NOT MEET EXPECTATIONS (provide examples by task number & date)										SUPERVISOR TRAINING OFFICER (STO) REVIEW  Probationary Officer STRENGTHS:  Is this trend supported by other FTO reviews? YES NO  Probationary Officer WEAKNESSES:  Is this trend supported by other FTO reviews? YES NO																				
Identify areas where RETRAINING MAY BE NEEDED (provide examples by task number & date and the type of retraining you feel is appropriate)								Identify any RE-TRAINING provided as a result of this evaluation (including type of training performed / who performed training / date training performed / etc) on a separate Form-1  STO Name / Badge  STO Signature / Date													,									