

CLEVELAND DIVISION OF POLICE



RETURN TO DUTY PROGRAM OBSERVATION REPORT

PART I - ADMINISTRATIVE DATA

NAME OF RTDP PARTICIPANT (LAST, FIRST, M.I.)						BADGE BADGE				SIGN	SIGNATURE										DATE										
(FTO) NAME OF FIELD TRAINING OFFICER (LAST, FIRST, M.I.)																					SIGN		DATE								
DISTRICT		SHIFT	Z/C or UNI				-	V-CL				<u> </u>			COVE	riod Ered	D:	FRO	М						THR	J					
		Complete a rating for ea E = Exceeds Expe	ctations	skill	area	s. И		prov Exp	riding	g cor	nme	nts, i	indic N =	ate th Nee	he nı	umbe mpro	er of oven	the s		ι			serv	ved	-						
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	1	ask		Ε	Μ	Ν	U	Ε	М	Ν	U	E	М	Ν	U	E	М	Ν	U	Ε	М	Ν	U	Ε	М	Ν	U	E	М	Ν	U
GENERAL		11 1																										E	╞		E
	3	Building Searches Control of Conflict: Use of Force																													
	5 6	Control of Conflict: Verbal De-Escalation	on																				_				<u> </u>		<u> </u>		┝
	7	Divisional Forms																													
	8	Interaction with Police Personnel																									\square				
ij	9	Knowledge of GPO's & Policies																													
	10	Mental Preparedness																													
		Situational Assessment																													
		Suspect Control / Cuffing																													
		Work Ethic																													
DET. ONLY	-	Case Law & Legal Knowledge																									<u> </u>		L		
	16	Case Preparation																													_
SUPERVISOR	17	Case Law & Legal Knowledge																													
	18	Investigative Packets																												ľ	
	19	Knowledge of Municipal Codes																													
	20	Knowledge of ORC																													
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NAME OF RTDP PARTICIPANT (LAST, FIRST, M.I.)	BADG	iΕ	SIGNATURE		DATI	E						
	PART III - REVI	IEW & CO	RRECTIVE	ACTION								
FIELD TRAINING (DFFICER (FTO) REVIEW		SUPERVISOR TRAINING OFFICER (STO) REVIEW									
Identify areas that EXCEED EXPECTATIONS (prov.	de examples by task number & date)	Con	nments:									
Identify areas that DO NOT MEET EXPECTATIONS	(provide examples by task number & date)	lden	tify any RE-TRAINING prov	ided or recommended	<i>!</i> :							
Identify areas where RETRAINING MAY BE NEEDE of retraining you feel is appropriate)	D (provide examples by task number & date and the back of the ba		STO Name / Badge STO Signature / Date RTDP Coordinator Signature/Date									
PAI	RT IV - END OF RET											
	THIS SECTION TO BE COMPL	ETED ONLY AT										
FIELD TRAINING (FTO Comment(s):	DFFICER (FTO) REVIEW	STC	SUPERVISOR TRAINING OFFICER (STO) REVIEW STO Comment(s):									
FTO Recommendation I Recommend Completion of the I Recommend Addittional Training	g in the RTDP		I Recommend A	Completion of the F Addittional Training	g in the RTDP							
FTO Name / Badge	FTO Signature / Date	STO) Name / Badge		STO Signature / Date							
COMMANDE	'S ENDORSEMENT			RTDP Coor	dinator Review							
Signature / Date		Sig	Signature / Date									