

**Linden Auxiliary Police Department  
Continuing Officer Readiness Evaluation**

Officer Name: \_\_\_\_\_ Officer ID: \_\_\_\_\_

CORE cycle start date: \_\_\_\_\_ CORE cycle completion date: \_\_\_\_\_

**Traffic Control**

Training Date: \_\_\_\_\_ Training Officer: \_\_\_\_\_

Has the Officer demonstrated satisfactory skills and knowledge for traffic control? Y | N

If not, what does the Officer need to improve upon?


**Court Detail**

Training Date: \_\_\_\_\_ Training Officer: \_\_\_\_\_

Has the Officer demonstrated satisfactory skills and knowledge for court detail? Y | N

If not, what does the Officer need to improve upon?


**Patrol Functions**

Training Date: \_\_\_\_\_ Training Officer: \_\_\_\_\_

Has the Officer demonstrated satisfactory skills and knowledge for patrol? Y | N

If not, what does the Officer need to improve upon?


**Summons Issuing**

Training Date: \_\_\_\_\_ Training Officer: \_\_\_\_\_

Has the Officer demonstrated satisfactory skills and knowledge for issuing a summons? Y | N

If not, what does the Officer need to improve upon?


*This form is to be completed annually and kept on file for each non-probationary Auxiliary Officer.*