

Linden Auxiliary Police Department Probationary Officer Training Evaluation Form

Probationary Officer Name: _____ Training Officer Name: _____

Probationary Officer ID: _____ Training Officer ID: _____

Date of training: ____/____/____ Training start time: ____hrs | Training end time: ____hrs

Please indicate the training conducted: _____

Please describe specific tasks or procedures taught to the probationary officer:

Officer Evaluation:

The probationary officer...	SAT	UNSAT	NA	If found <i>unsatisfactory</i> , please briefly explain why.
was punctual.				
was in proper uniform.				
was neat in appearance.				
had all necessary equipment.				
acted professionally.				
was attentive.				
understood and can demonstrate skills learned.				

If qualifying for a post, is the probationary officer completely prepared to take on the required responsibilities of that post? **YES | NO**

Training officer comments:

Training officer signature: _____

Probationary officer signature: _____