

Department of Community Supervision

2 Martin Luther King, Jr. Drive SE Suite 458, Balcony Level, East Tower Atlanta, Georgia 30334 www.dcs.georgia.gov



Date: MM/DD/YEAR

To: Name, Title

From: Name, Title

RE: Name of Trainee

Observation/Evaluation Report Summary #1

***A minimum of six training sessions are required within the two-week period. A detailed summary of each training session shall be included in this report. For specific details, please see the Observation/Evaluation Report Summary examples located on the FTO Website within the Evaluation Forms link.

Rating: "Met Expectations" "Did Not Meet Expectations"	DATE(S)	Met Expectations	Did Not Meet Expectations
Appearance			
Physical Appearance & Demeanor			
Attitude			
Acceptance of Feedback			
Attitude Toward Community Supervision			
Performance			
Proper Equipment/Officer Safety			
Knowledge			
Knowledge of Agency Policy and Procedures			
Relationships			
Supervisees/Family Members/Citizens			
Fellow Officers/Local Law Enforcement			

Additional Comments/Concerns:

During Observation/Evaluation Session(s) #, I observed PO NAME on the skills listed above. PO NAME was evaluated on the following skills: List skills evaluated underperformance. Overall, PO NAME, Met Expectations/Did Not Meet Expectations while performing the above-mentioned skills. PO NAME displayed a positive attitude, asked questions as needed, and accepted feedback. PO NAME seems to have a good understanding of policy and procedure as it relates to community supervision. At this time there are/are not any concerns with PO NAME and his/her ability to perform the skills mentioned above. (If concerns: please specify, if not delete this sentence).

Training Session Summary/Training Journal:

(Use Format in Samples Provided on the FTO Website)