

TRAINING SITE ASSESSMENT

Facility: _____

Training Officer: _____

Visit Date: _____

Assessor: _____

Previous Audit Date: _____

CTO's Supervisor: _____

Items discussed and/or reviewed during visit	C	NC	N/A	Comments
Each visit:				
<u>Curriculum</u> Review five (5) curriculums being used for NEO to ensure they are the most current versions.				Course names and approval dates:
Number of ILT courses held including NEO since last assessment.				
Number of ILT courses with no attendance since last assessment.				
Dates and times of ILT courses taught since last assessment.				Attach printed email announcement or schedule
Specialized training being tracked and saved to LMS (i.e. ASHI, Firearms, Self-Defense, etc.)				
Have BLS, BFA, Firearms Safety, Pistol, Shotgun and Rifle skills been properly entered in LMS, to include scores if applicable?				
Review at least five (5) random staff's training reports in LMS to ensure legacy training file uploads have occurred.				Staff names or EINs reviewed:
PREA acknowledgment completed and scanned into LMS user notes properly.				
Attendance rosters completed and scanned into LMS enrollment notes properly.				
Training evaluations completed and scanned into LMS enrollment notes.				
Orientation Checklists completed and scanned into LMS user notes.				
Orientation verifications completed and scanned into LMS user notes.				
Training progress reports to facility heads.				Date of last report provided:
ILT offering allows for completion by yearend.				
<u>Classroom Observation:</u> *Professional appearance				

