**OKLAHOMA DEPARTMENT OF CORRECTIONS**
**PROBATION & PAROLE DIVISION**
**FIELD TRAINING DEVELOPMENT PROGRAM**

# END OF PHASE REPORT / FINAL REPORT

## SECTION I – REPORT INFORMATION

| | |
|---|---|
| DATE: | _____ |
| TO: | Field Training Coordinator (FTC) |
| FROM: FTO: | _____ |
| TEAM SUPERVISOR: | _____ |
| RE: RECOMMENDATION FOR ADVANCEMENT: | YES / NO (Circle One) |
| PHASE: | 1 / 2 / 3 / 4 (Circle One) |
| TRAINEE NAME: | _____ |
| BADGE #: | _____ |
| FTO NAME: | _____ |
| FTO BADGE #: | _____ |

## FTO – END OF PHASE REPORT

| | | | |
|---|---|---|---|
| REPORT DATE: | _____ | PHASE: | _____ |
| START DATE: | _____ | END DATE: | _____ |

## PART A – PERFORMANCE ASSESSMENT

Based on the observed performance of TRAINEE NAME as documented on the Daily Observation Reports submitted by the undersigned Field Training Officer, the following performance strengths and weaknesses were observed and discussed with the trainee.

| STRENGTHS | WEAKNESSES |
|---|---|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |
| 4. _____ | 4. _____ |

## PART B – ADDITIONAL / REMEDIAL TRAINING

Additional/remedial training was given to TRAINEE NAME as indicated below. Use PART C or additional pages when additional documentation is required.

| Training Area / Deficiency | Additional / Remedial Training Provided | Outcome / Reassessment |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

## PART C – ADDITIONAL COMMENTS (OPTIONAL)

| |
|---|
| |
| |
| |
| |
| |

## PART D – RECOMMENDATION

Based on the observed performance of TRAINEE NAME as documented on the Daily Observation Reports submitted by the undersigned Field Training Officer, it is my recommendation that TRAINEE NAME:

| FTO INITIALS | RECOMMENDATION |
|---|---|
| _____ | Advance to PHASE _____ of FTO. |
| _____ | Remain in PHASE _____ of FTO pending further evaluation. |
| _____ | Return to PHASE _____ of FTO for further training and evaluation. |
| _____ | Has satisfactorily completed FTO and is eligible to be released from FTEP and assigned to “solo” duty with the agency. |
| _____ | Is unable to satisfactorily complete FTEP and should be terminated from the agency. |

## PART E – REVIEW AND REQUIRED SIGNATURES

I acknowledge that I have discussed this FTEP evaluation and recommendation with TRAINEE NAME.

**TRAINEE SIGNATURE ACKNOWLEDGEMENT:** The trainee’s signature acknowledges that the FTO evaluation and recommendation have been reviewed and discussed with the trainee and does not necessarily indicate agreement with the evaluation or recommendation. **If the trainee refuses to sign this report, the refusal will be documented and the report will be forwarded to Probation and Parole Administration for review.**

| | | | |
|---|---|---|---|
| FTO SIGNATURE: | _____ | DATE: | _____ |
| TRAINEE SIGNATURE: | _____ | DATE: | _____ |
| FTO / TEAM SUPERVISOR SIGNATURE: | _____ | DATE: | _____ |
| FTC COORDINATOR SIGNATURE: | _____ | DATE: | _____ |

**Electronic completion:** Replace the underlined fields with typed information when completing electronically.