All-Hazards
INCIDENT COMMUNICATIONS
CENTER MANAGER (INCM)

Position Task Book

Task Book Assigned To:

Trainee's Name: _____

Trainee's Email Address: _____

Home Agency: _____

Home Agency Phone Number: _____

Task Book Initiated By:

Official's Name: _____

Agency Official's Title: _____

Agency: _____

Agency Phone Number: _____

Agency Address: _____

_____

Date Initiated: _____

The material contained in this book accurately defines the performance expected of the position for which it was developed. This task book is approved for use as a position qualification document in accordance with the instructions contained herein.

Version 1.0
October 2015

VERIFICATION / CERTIFICATION OF COMPLETED TASK BOOK FOR THE POSITION OF INCIDENT COMMUNICATIONS CENTER MANAGER

FINAL EVALUATOR'S VERIFICATION

I verify that all tasks have been performed and are documented with appropriate initials. I also verify that _____
has performed as a trainee and should therefore be considered for recognition in this position.

Final Evaluator's Signature _____ Date _____

Printed Name _____

Title _____

Agency_____

Phone Number _____ Email _____

AGENCY CERTIFICATION

I certify that_____
has met all requirements for qualification in this position and that such qualification has been issued.

Certifying Official's Signature_____ Date _____

Printed Name_____

Title_____

Agency _____

Phone Number _____ Email _____

NATIONAL INCIDENT MANAGEMENT SYSTEM POSITION TASK BOOK

Position Task Books (PTB) are developed for designated Incident Command System (ICS) positions as described under the National Integration Center (NIC) and have been incorporated into the National Incident Management System (NIMS). The PTB is used by the authority having jurisdiction, to certify that the person to whom the task book belongs meets the standards recommended by the NIC.

Each PTB lists the performance requirements (tasks) for the specific position in a format that allows a trainee to be evaluated against written guidelines. Successful performance of all tasks, as observed and recorded by an evaluator, will result in a recommendation that the trainee be recognized in that position.

Evaluation and confirmation of the individual's performance of all the tasks may involve more than one evaluator and varied activities such as Incidents, Planned Events, Functional Exercises (FE), Full Scale Exercises (FSE), Drills, Simulation, Classroom, or Daily Job functions (as specified in the task tables). It is important that performance be critically evaluated and accurately recorded by each evaluator. All tasks must be evaluated, and bullet statements within a task that require an action must be demonstrated before that task can be signed off.

A brief list of responsibilities also appears below.

RESPONSIBILITIES:

1. The **Trainee** is responsible for:
   - Fulfilling the pre-requisite requirements:[1]
     o Awareness of fundamental public safety communications technology
     o Awareness of the ICS Communications Unit function
     o Completion of IS-100.b, IS-144, IS-200.b, IS-700.a, and IS-800.b
   - Reviewing and understanding instructions in the PTB.
   - Identifying desired objectives/goals.
   - Providing background information to an evaluator.
   - Requesting Agency Head to initiate the PTB; putting name on cover and second page, initials on subsequent pages.
   - Satisfactorily demonstrating completion of all tasks for an assigned position within three years of the Date Initiated.
   - Assuring the evaluation record is complete.
   - Notifying their agency head when the PTB is completed, and obtaining their signature recommending certification.
   - Keeping the original PTB in personal records.
   - Providing copies of their completed PTB to the designated authorities within their home agency, jurisdiction, region, or state in accordance with applicable SOPs for recognition of Communications Unit (COMU) positions.

2. The **Evaluator** is responsible for:

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[1] ICS-300, Intermediate ICS for Expanding Incidents, is also recommended.

- Being qualified and proficient in the position being evaluated, or higher ICS position (e.g. IC, COML, IDT, etc.).
- Meeting with the trainee and determining past experience, current qualifications, and desired objectives/goals.
- Reviewing tasks with the trainee.
- Explaining to the trainee the evaluation procedures that will be utilized and which objectives may be attained.
- Identifying tasks to be performed during the evaluation period.
- Accurately evaluating and recording demonstrated performance of tasks. Dating and initialing completion of the task shall document satisfactory performance. Unsatisfactory performance shall be documented in the Evaluation Record.
- Completing an Evaluation Record found at the end of each PTB.

3. The **Final Evaluator** is responsible for signing the verification statement inside the front cover of the PTB when all tasks have been initialed.

4. The **Agency Head** or designee is responsible for:

- Selecting trainees based on the needs of their organization or area Incident Management Teams.
- Providing opportunities for evaluation and/or making the trainee available for evaluation.
- Initiating the PTB to document task performance.
- Explaining to the trainee the purpose and processes of the PTB, as well as the trainee's responsibilities.
- Tracking progress of the trainee.
- Identifying incident evaluation opportunities.
- Identifying and assigning an evaluator that can provide a positive experience for the trainee, and make an accurate and honest appraisal of the trainee's performance.
- Documenting the assignment.
- Conducting progress reviews.
- Conducting a closeout interview with the trainee and evaluator and assuring that documentation is proper and complete.
- Providing trainees the opportunity to attend the applicable training course(s).

Competency: INCM Preparedness

Task	Code	Evaluator # and Initials	Date
Behavior: Ensure readiness prior to assignment			
1. Obtain and assemble information and materials for an INCM response kit prior to receiving an assignment, including critical items needed for the assignment over multiple operational periods. The following items are suggested as basic information and materials needed for an INCM response kit: • *ICS Forms* • *Office Supplies (e.g. clipboard, tape, paper, pencil, etc.)* • *First Aid Kit/Safety Gear* • *Multi-purpose tool/Flashlight* • *Clock/Watch/Cellphone & charger* • *Portable radio* • *Reference Documents (e.g. TICP, NIFOG, TIC-FOG, etc.)* • *Voice recording device*	O		
2. Obtain and assemble information and materials for a personal kit of items needed for functioning over multiple operational periods. The following items are suggested as basic information and materials needed for a personal response kit: • *Change of clothing (as appropriate for anticipated weather conditions)* • *Toiletries* • *Medicine* • *Money (Cash/Plastic)* • *Alarm clock* • *Food/Water*	O		

*Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.*

Code: O = Can be completed in any situation (Drill, Simulation, Classroom, Daily Job)
Code: I =   Must be performed on an Incident, Planned Event*, or an FE/FSE* (*Must be pre-approved by the Statewide Interoperability Coordinator (SWIC)

Competency: INCM Mobilization

Task	Code	Evaluator # and Initials	Date
Behavior: Obtain complete information for response			
3. Obtain complete information for assignment and initiate documentation (ICS 214 – Activity Log): • *Incident name* • *Incident number* • *Calling channel/phone number* • *Reporting time/Check-in location* • *Transportation arrangements/travel routes* • *Contact procedures during travel (telephone/radio)* • *Specific equipment/supplies needed*	I		
4. Gather information to assess the type of assignment: • *Incident, planned event, exercise, etc.* • *Size and complexity* • *Initial and requested resources* • *Duration*	I		

Task	Code	Evaluator # and Initials	Date
Behavior: Ensure check-in is recorded and accountability is activated			

5. Arrive and check in:
 • *Arrive properly equipped at assigned location within acceptable time limits*
 • *Check in to the Incident, and have the information needed to check in*
     o *Incident #*
     o *Leader's name*
     o *Incident assignment, etc.*
	I		

*Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.*

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Competency: INCM Mobilization (continued)

Task	Code	Evaluator # and Initials	Date
Behavior: Gather and apply situational information relevant to the assignment and order any additional resources			

6. Obtain initial briefing from the Communications Unit Leader or immediate supervisor (Use an ICS 201 – Incident Briefing to gather information):
 • *Situation Summary*
 • *Safety Briefing*
 • *Current and Planned Goal/Objectives*
 • *Current and Planned Actions, Strategies and Tactics*
 • *Current Organization (ICS 207 – Incident Organization Chart)*
 • *Current and Planned communications plan*
   o *Communications Nets, e.g., Command, Tactical, Logistics, etc.*
   o *Map Sketch of communication system*
 • *Current and Planned Resource Summary*
	I		

7. Evaluate needs and order supplies, equipment and personnel to keep the ICC operating • *Order supplies, equipment, and personnel using procedures established by your supervisor.* • *Maintain resource quantities at a level to prevent shortage of any basic needed items* • *Coordinate with the participating agencies for any or additional communication resources that may be needed.* • *Assess current communications equipment needs such as power sources for extended operations*	I		

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Competency: Communications Unit INCM Operations

Task	Code	Evaluator # and Initials	Date
Behavior: Initiate/Assume Incident Communications Center Management Activities			

8. Establish an Incident Communications Center (ICC):
 • *Identify/determine the most appropriate available facility/vehicle to serve as an ICC to support needs of the incident/planned event*
 • *Establish location of ICC*
   o *Safe/secure area near the ICP, but away from public access, heavy traffic, noise, sources of interference, etc.*
   o *Verify ICC location with the COML or Facilities Unit Leader (FACL)*
 • *Verify Estimated Time of Arrival (ETA) of ICC personnel and establish assignments based on incident requirements and personnel qualifications*
 • *Set schedules around operational requirements*
 • *Identify potential communications equipment limitations (e.g., telephone lines, remotes or power need)*
 • *Set up filing system for ICC documentation*
	I		

9. Conduct self in a professional manner: • *Be respectful and courteous* • *Respect public and private property* • *Establish and maintain positive interpersonal and interagency working relationships.* • *Provide reasonable accommodations for personal welfare issues (e.g. special medical needs, etc.)* • *Develop and maintain team environment* • *Provide counseling and discipline as needed* • *Follow established procedures to correct or resolve and report any inappropriate actions* • *Report any situations of concern to your supervisor*	O		

*Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.*

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        Interoperability Coordinator (SWIC)

Competency: Communications Unit INCM Operations

Task	Code	Evaluator # and Initials	Date
Behavior: Initiate/Assume Incident Communications Center Management Activities (continued)			

10. Brief ICC personnel as appropriate (e.g. RADOs, *Runners, Technical Specialists, etc.)*
 • *Convey goal and objectives of the ICC*
 • *Provide current information using an ICS 201 – Incident Briefing*
    o *ICC operations, etc.*
    o *ICS 205 – Incident Radio Communications Plan*
    o *Map Sketch*
    o *Incident/Planned Event organization*
    o *Resources*
 • *Brief ICC timeframes and schedules*
 • *Brief work assignments*
 • *Brief Medical Plan*
 • *Direct ICC personnel to log information into their ICS 214 – Activity Log*
	I		

11. Establish and maintain safety awareness: • *Identify location of First Aid kit and equipment* • *Report, document and ensure treatment is provided for all injuries* • *Identify and mitigate potential hazards and risks* • *Ensure adequate rest, hydration, and nutrition is provided to all ICC personnel* • *Ensure proper safety equipment is used*	I		
12. Assist in maintaining Security of the ICC • *Keep ICC entry/access points secured/locked in accordance with established policies* • *Notify COML/supervisor of any security concerns*	I		
13. Identify and request vendor services to meet ICC operational needs (e.g., telephone, SATCOM, microwave, etc.), coordination of COML/supervisor, • *Coordinate approval of vendor service requests through the chain of command* • *Coordinate locations for equipment to be installed (e.g., COW, satellite telephones, telephone lines, etc.)*	I		

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Competency: Communications Unit INCM Operations (continued)

Task	Code	Evaluator # and Initials	Date
Behavior: Initiate/Assume Incident Communications Center Management Activities (continued)			
14. Coordinate with COML/supervisor to support implementation of data systems to meet ICC operational needs: • *Data Terminals* • *CAD* • *Video/Surveillance* • *LAN/Hotspot* • *GIS/Mapping* • *IP transport systems* • *Emergency management software applications*	I		
15. Coordinate with COML/supervisor to support implementation of voice systems to meet ICC operational needs: • *Gateways* • *Radio programming (as necessary and authorized)* • *Cache radio issue/return* • *Mobile Relays (repeaters)*	I		

Task	Code	Evaluator # and Initials	Date
Behavior: Comply with NIMS/ICS concepts and principles			

16. Use NIMS/ICS COMU conventions:
• *Plain language/common terminology*
• *ICS terminology*
   o *Unit identification*
   o *Position titles*
   o *Resource naming*
• *ICS map symbols, designators, and mnemonics*
	I		

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Code: O = Can be completed in any situation (Drill, Simulation, Classroom, Daily Job)
Code: I =   Must be performed on an Incident, Planned Event*, or an FE/FSE* (*Must be pre-approved by the Statewide Interoperability Coordinator (SWIC)

Competency: Communications Unit INCM Operations (continued)

Task	Code	Evaluator # and Initials	Date
Behavior: Comply with NIMS/ICS concepts and principles (continued)			
17. Obtain, and correctly fill out the NIC-approved ICS forms needed to perform INCM functions within the ICC. • *ICS 205 – Incident Radio Communications Plan* • *ICS 205A – Communications List* • *ICS 211 – Incident Check-in List* • *ICS 213 – General Message* • *ICS 213RR – Resource Request Message* • *ICS 214 – Activity Log* • *ICS 219-7- Equipment Resource Status Card (T-Card)*	I		
18. Demonstrate knowledge of the following NIC-approved ICS forms: • *ICS 201 – Incident Briefing* • *ICS 203 – Organization Assignment List* • *ICS 204 – Assignment List* • *ICS 206 – Medical Plan* • *ICS 207 – Incident Organization Chart* • *ICS 208 – Safety Message/Plan* • *ICS 209 – Incident Status Summary* • *ICS 210 – Resource Status Change*	I		
18a. Demonstrate knowledge of the following forms: • *Form 217A – Communications Resource Availability Worksheet* • *Form 309 – Communications Log*	I		

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Competency: Communications Unit INCM Operations (continued)

Task	Code	Evaluator # and Initials	Date
Behavior: Gather, produce and distribute information as required by established guidelines and ensure understanding by recipient			

19. Communicate information effectively to incident personnel:
• *Speak clearly and use concise language*
• *Type/write information in a manner which is clear and easily understood by others*
• *Acknowledge requests and provide feedback/information (e.g. Internet, CAD, RMS, GIS, etc.)*
• *Obtain and relay emergent information to incident personnel*
   ○ *Weather reports*
   ○ *Status changes*
   ○ *Loss of communication assets*
   ○ *Safety updates*
   ○ *Situation reports, etc.*
	I		

20. Supervise appropriate use of communication protocol when responding to routine requests: • *Routine/non-emergency radio traffic to and from incident/event personnel on assigned radio channels/talkgroups* • *Status, location, accountability information for incident/event personnel* • *Supply orders (e.g., Operations, Logistics, etc.)* • *Phone calls*	I		

*Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.*

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Code: I = Must be performed on an Incident, Planned Event*, or an FE/FSE* (*Must be pre-approved by the Statewide Interoperability Coordinator (SWIC)

Competency: Communications Unit INCM Operations (continued)

Task	Code	Evaluator # and Initials	Date
Behavior: Gather, produce and distribute information as required by established guidelines and ensure understanding by recipient (continued)			

21. Supervise appropriate use of ICC communication protocol when responding to emergency situations:
 • *Ensure notification procedure for emergency situations*
     o *Medical transport/ Medevac request*
     o *Aircraft emergency*
     o *Evacuation*
     o *Search and Rescue*
     o *Serious injury/fatality*
 • *Requests for emergency/urgent assistance or additional resources/support*
 • *Monitor radio channels for communication saturation*
 • *Restrict or move unrelated radio traffic during emergency situations*
 • *Document of all important information in the designated format (e.g. ICS Forms, Radio Log, CAD, etc.)*
	I		

Task	Code	Evaluator # and Initials	Date
Behavior: Manage ICC Operations			
22. Manage ICC personnel. • *Keep subordinates informed and updated* • *Maintain ICC timeframes and schedules* • *Adjust and monitor ongoing work assignments* • *Review and approve time* • *Provide basic training as needed on ICC equipment*	I		
23. Ensure ICC compliance with communication policies and procedures: • *Regulations (e.g. FCC, NTIA, etc.)* • *ICC resource accountability procedures* • *Hazardous material disposal/recycling* • *Agreements (e.g. EMAC, State/local Mutual Aid, etc.)*	I		

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Competency: Communications Unit INCM Operations (continued)

Task	Code	Evaluator # and Initials	Date
Behavior: Manage ICC Operations (continued)			
24. Supervise proper use of ICC equipment: • Radio systems & equipment • Data systems & equipment • Telephone systems & equipment • Video systems & equipment • Ancillary systems & equipment	I		
25. Participate in all COMU briefings during each operational period: • Provide information on communication issues (e.g., radio equipment performance, shift activities, significant events, etc.) using an ICS 214 – Activity Log and any other information sources for reference	I		
26. Supervise proper organization and filing of ICC documentation: • Radio logs • Activity logs • Telephone logs • Equipment check-in/check-out information • Inventory • Lost/Damaged equipment	I		

*Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.*

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Code: I =   Must be performed on an Incident, Planned Event*, or an FE/FSE* (*Must be pre-approved by the Statewide Interoperability Coordinator (SWIC)

Competency: INCM Demobilization

Task	Code	Evaluator # and Initials	Date
Behavior: Transfer INCM position duties, ensuring continuity of authority and knowledge, while taking into account increasing or decreasing incident complexity			
27. Identify excess ICC resources for release • *Provide supervisor with list of excess personnel, equipment and facilities* 　o *Time and date of excess* 　o *Identify resources as to type, qualifications, quantity, and location*	I		
28. Coordinate a safe and efficient transfer of position duties when demobilizing: • *Coordinate demobilization actions with supervisor* • *Prepare to brief relief personnel* • *Coordinate with incident/planned event personnel as necessary* • *Coordinate final documentation with supervisor*	I		

Behavior: Complete demobilization procedures and restore response-readiness			
29. Demobilize from assignment: • *Obtain demobilization instructions from supervisor* • *Check in equipment* • *Implement safe return policies for demobilizing ICC personnel* • *Brief relief personnel*	I		
30. Complete and submit demobilization documentation • *Obtain ICS 225 – Incident Personnel Performance Rating from supervisor* • *Obtain acknowledgement documentation for completed PTB tasks* • *Complete ICS 225 – Incident Personnel Performance Rating on subordinates* • *Submit final documentation to Supervisor*	I		

*Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.*

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Competency: INCM Demobilization (continued)

Task	Code	Evaluator # and Initials	Date
Behavior: Complete demobilization procedures and restore response-readiness (continued)			

31. Prepare for next operational period/incident
• *Inventory and restock ICC supplies*
• *Obtain and submit documentation for any lost or damaged ICC equipment*
• *Inventory and restock INCM response and personal sustainment kits*
• *Attend applicable post-assignment debriefings:*
   o *Hotwash*
   o *Critical Incident Stress Management/Debriefing (CISM/CISD)*
	I		

*Evaluate **ALL** numbered tasks. **ONLY** evaluate bullets with action verbs.*

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All-Hazards INCIDENT COMMUNICATIONS CENTER MANAGER

INSTRUCTIONS FOR COMPLETING THE EVALUATION RECORD

There are four separate pages provided to allow evaluations to be made during four separate occasions. These evaluations may be made on Incidents, Planned Events, Functional Exercises, Full Scale Exercises, Simulations, Drills, Classroom, or Daily Job functions (as specified in the Task tables). This should be sufficient for qualification in the position if the individual is adequately prepared. If additional evaluation pages are needed, they can be copied from a blank task book and attached. (Remember to change the Evaluation Record # to the next sequential number.)

COMPLETE THESE ITEMS AT THE END OF THE EVALUATION PERIOD:

Trainee's name and Trainee's position: Self Explanatory

Evaluator's name, title and agency: List the name of the evaluator, and his/her incident position (on incidents) or office title, and agency.

Evaluator's agency address, e-mail address and phone: Self explanatory

Evaluation Record #: The number prepopulated in the upper left corner of the evaluation page identifies a particular experience or group of experiences. This number should be placed in the column labeled "Evaluation Record #" on the Qualification Record for each task performed satisfactorily during the evaluation opportunity.

Name and Location of Incident or Situation: Identify the name of the incident (if there is one) and the location where the tasks were performed. If evaluation occurs during a short term situation rather than a named incident, list the responding agency and area.

Incident Kind: Enter kind of incident, e.g., hurricane, wild land fire, search and rescue, flood, preplanned event, full scale exercise, etc.

COMPLETE THESE ITEMS AT THE END OF THE EVALUATION PERIOD:

Number and Kind of Resources: Enter how many resources of each kind assigned to the incident pertinent to the trainee's task book position. (e.g. 2 mobile communications vehicles)

Duration: Enter inclusive dates during which the trainee was evaluated. If evaluation occurs during a short term situation, enter date and start and end time of evaluation. (e.g. 11/1/14 to 11/4/14)

Management Level or Complexity Level: Indicates ICS organization level, i.e., Type 5, Type 4, Type 3, Type 2, Type 1, Area Command.

Recommendation: Check as appropriate and/or make comments regarding the future needs for development of this trainee.

Date: List the date the record is being completed.

Evaluator's initials: Evaluator initials here to authenticate their recommendations and to allow for comparison with initials in the Qualifications Record.

Evaluator's relevant rating: Evaluator lists their certification relevant to the trainee position they supervised.

RECORD OF EVALUATION

TRAINEE NAME   **TRAINEE POSITION**

Evaluation Record #1	Evaluator's name:	Evaluator's Title:	Evaluator's Agency:

Evaluator's agency address:

Evaluator's e-mail:

Name and Location of Incident or Situation (agency & area)	Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, exercise, etc.)	Number & Kind of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level or Complexity Level

The tasks initialed & dated by me have been performed under my supervision in a satisfactory manner by the above named Trainee. I recommend the following for further development of this Trainee:

_____ The individual has successfully performed all tasks for the position and should be considered for certification.

_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.

_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.

_____ The individual is severely deficient in the performance of tasks for the position and needs further training (both required & knowledge and skills needed) prior to additional assignment(s) as a Trainee.

Comments: _____

_____

Date: _____ Evaluator's initials: _____

Evaluator's relevant agency certification or rating: _____

RECORD OF EVALUATION

TRAINEE NAME	**TRAINEE POSITION**

Evaluation Record #2	Evaluator's name:	Evaluator's Title:	Evaluator's Agency:
Evaluator's agency address:			
Evaluator's e-mail:			

Name and Location of Incident or Situation (agency & area)	Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, exercise, etc.)	Number & Kind of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level or Complexity Level

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Comments: _____

_____

Date: _____ Evaluator's initials: _____

Evaluator's relevant agency certification or rating: _____

RECORD OF EVALUATION

TRAINEE NAME	TRAINEE POSITION

Evaluation Record #3	Evaluator's name:	Evaluator's Title:	Evaluator's Agency:
Evaluator's agency address:			
Evaluator's e-mail:			

Name and Location of Incident or Situation (agency & area)	Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, exercise, etc.)	Number & Kind of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level or Complexity Level

The tasks initialed & dated by me have been performed under my supervision in a satisfactory manner by the above named Trainee. I recommend the following for further development of this Trainee:

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_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.

_____ The individual is severely deficient in the performance of tasks for the position and needs further training (both required & knowledge and skills needed) prior to additional assignment(s) as a Trainee.

Comments: _____

_____

Date: _____ Evaluator's initials: _____

Evaluator's relevant agency certification or rating: _____

RECORD OF EVALUATION

TRAINEE NAME	**TRAINEE POSITION**

Evaluation Record #4	Evaluator's name:	Evaluator's Title:	Evaluator's Agency:
Evaluator's agency address:			
Evaluator's e-mail:			

Name and Location of Incident or Situation (agency & area)	Incident Kind (hazmat, tornado, flood, structural fire, wildfire, search & rescue, exercise, etc.)	Number & Kind of Resources Pertinent to Trainee's Position	Duration (inclusive dates in trainee status)	Management Level or Complexity Level

The tasks initialed & dated by me have been performed under my supervision in a satisfactory manner by the above named Trainee. I recommend the following for further development of this Trainee:

_____ The individual has successfully performed all tasks for the position and should be considered for certification.

_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.

_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.

_____ The individual is severely deficient in the performance of tasks for the position and needs further training (both required & knowledge and skills needed) prior to additional assignment(s) as a Trainee.

Comments: _____

_____

Date: _____ Evaluator's initials: _____

Evaluator's relevant agency certification or rating: _____