	IKAINE	E NAME	TRAINEE PO	SITION	
Evaluation Record #1	Evaluator's name:		Evaluator's Title:	Evaluator's Agend	cy:
Evaluator's age	ency addr	ess:	I		
Evaluator's e-n	nail:			Phone:	
Name and Location of Incident or Situation (agency & area)		Incident Kind (hazmat, tornado, flood, structural fire wildfire, search & rescue, etc.)		Duration (inclusive dates in trainee status)	Management Level or Complexity Level
			ormed under my supervision in arther development of this Train		er by the above
The indi		successfully performe	d all tasks for the position and	should be considered	for
The indi	vidual was	s not able to complete	certain tasks (comments below)	) or additional guidar	ice is required.
Not all t evalua		evaluated on this assig	nment and an additional assign	ment is needed to co	mplete the
			e performance of tasks for the p needed) prior to additional assi		
Comments:					
Date:		Evaluat	or's initials:		
Evaluator's relev	vant agenc	y certification or rating	g:		

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	IKAINE	E NAME	TRAINEE PO	SITION	
Evaluation Record #2	Evaluator's name:		Evaluator's Title:	Evaluator's Agend	су:
Evaluator's age	ency addr	ress:			
Evaluator's e-n	nail:			Phone:	
Name and Location of Incident or Situation (agency & area)		Incident Kind (hazmat, tornado, flood, structural fire wildfire, search & rescue, etc.)		Duration (inclusive dates in trainee status)	Management Level or Complexity Level
			ormed under my supervision in arther development of this Train		er by the above
The indi		successfully performe	d all tasks for the position and	should be considered	for
The indi	vidual was	s not able to complete	certain tasks (comments below)	) or additional guidar	ice is required.
Not all t evalua		evaluated on this assig	nment and an additional assign	ment is needed to co	mplete the
			e performance of tasks for the p needed) prior to additional assi		
Comments:					
Date:		Evaluat	or's initials:		
Evaluator's relev	vant agenc	y certification or rating	g:		

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	TRAINE	E NAME	TR	AINEE PO	SITION	
Evaluation Record #3	Evaluator's name:		Evaluator's Title:		Evaluator's Agency:	
Evaluator's ag	ency addr	ress:			<u> </u>	
Evaluator's e-r	nail:				Phone:	
Name and Location of Incident or Situation (agency & area)		Incident Kind (hazmat, tornado, flood, structural fire wildfire, search & rescue, etc.)	Number & Kind of Resources Pertinent to Trainee's Position		Duration (inclusive dates in trainee status)	Management Level or Complexity Level
		by me have been perfend the following for fu				er by the above
	ividual has cation.	successfully performe	d all tasks for the p	position and	should be considered	for
The ind	ividual wa	s not able to complete	certain tasks (comr	nents below)	or additional guidan	ce is required.
Not all t evalua		evaluated on this assig	nment and an addi	tional assign	ment is needed to co	mplete the
		everely deficient in the knowledge and skills				
Comments:						
Date:		Evaluat	or's initials:			
Evaluator's rele	vant agenc	y certification or rating	;:			

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TRAINEE NAME			TRAINEE POSITION			
Evaluation Record #4	Evaluator's name:		Evaluator's Title:	Evaluator's Agency:		
Evaluator's age	ncy addr	ess:		1		
Evaluator's e-m	nail:	Phone:				
Name and Location of Incident or Situation (agency & area)		Incident Kind (hazmat, tornado, flood, structural fire wildfire, search & rescue, etc.)	Trainee's Position	Duration (inclusive dates in trainee status)	Management Level or Complexity Level	
			ormed under my supervision in urther development of this Trair		er by the above	
The indicertific		successfully performe	ed all tasks for the position and	should be considered	for	
The indi	vidual was	s not able to complete	certain tasks (comments below)	or additional guidar	ice is required.	
Not all ta evalua		evaluated on this assig	nment and an additional assign	ment is needed to co	mplete the	
			e performance of tasks for the p needed) prior to additional assignment			
Comments:						
Date:		Evaluat	tor's initials:			
Evaluator's relev	ant agenc	y certification or rating	g:			

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