DATE: _____ __ ___ DOR # _____ ___ __ PAGE _____ OF _____

DAILY OBSERVATION REPORT NARRATIVE

(DOCUMENT IN DETAIL THE TRAINEE'S DAILY ACTIVITY. INCLUDE STRONG AND/OR WEAK PERFORMANCE

MOST SATISFACTORY CATEGORY AREA OF PERFORMANCE: _____ ___ _____

LEAST SATISFACTORY CATEGORY AREA OF PERFORMANCE: _____ ___ ____

_____ _____ __ _____ __

TRAINEE SIGNATURE, BADGE, # DATE FTO'S SIGNATURE, BADGE #, DATE

_____ _____

FTO'S SUPERVISOR SIGNATURE, BADGE #, DATE FTO COORDINATOR SIGNATURE, BADGE #, DATE

1. CRITIQUE PERFORMANCE/NOT THE PERSON	4. USE LISTS AS APPROPRIATE
2. REPORT FACTS/AVOID CONCLUSIONS	5. THINK REMEDIAL
3. DON'T PREDICT	6. AKNOWLEDGE GOOD PERFORMANCE

DAILY OBERSVATION RPT. CONT. DOR.# _____ PAGE_____OF _____

DAILY REPORT ACTIVITY LOG

DATE_____ D.O.R. #_____

TRAINEE:_____ SN# _____

FTO:_____ SN# _____

CASE #	SECTION	COMPLETED WITH ASSIST.	COMPLETED W/O ASSIST.