

**Ocean City Department of Emergency Services
Fire/EMS Division-Field Training Program**

EVALUATION OF FIELD TRAINING OFFICERS (Seasonal/Part-Time)

Instructions:

This form is used to help improve field training and to assist Field Training Officers in improving their skills.

1. Complete an evaluation of your Field Training Officer following each field training shift.
2. The completed form shall be placed in a sealed envelope and forwarded to A/Captain Barton.

Evaluation of Field Training Officer-Seasonal/Part-Time Employees

FF/EMS Provider _____ Date _____

Field Training Officer _____ Other Crew Member On-duty _____

Station _____ Shift On-Duty _____ EMS Unit _____

1. Did the FTO explain minimum expectations? YES NO

If no, please explain: _____

2. Do you feel the FTO evaluated you fairly? YES NO

If no, please explain: _____

3. Was your FTO's knowledge and skills at a sufficient level to allow them to effectively evaluate your performance?

YES NO

If no, please explain: _____

4. Did your FTO adequately answer your questions regarding policies, standard operating procedures, operations, Maryland Medical Protocols, and equipment?

YES NO

If no, please explain: _____

Evaluation of Field Training Officer-Seasonal/Part-Time Employees

5. Did your FTO adequately explain the reasons for assigning scores (good or bad) on your Observation Report Form?

YES

NO

If no, please explain: _____

6. Did your FTO explain fully any performance issues that were not consistent with division policies, standard operating procedures, or Maryland Medical Protocols?

YES

NO

If no, please explain: _____

General Comments: In the area below, please make any additional comments or recommendations regarding your field training experience.

FF/EMS Provider Signature: _____ Date: _____