

# Field Training Officer (FTO) Critique Form

DATE: \_\_\_\_\_

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Trainee (Last, First MI)	Badge / ID	This critique is for Field Training Officer	Badge / ID

## PART A. PURPOSE

In an effort to ensure that each Field Training Officer (FTO) maintains a high level of skill, performance, and interest, this critique form is to be completed by the trainee. The purpose of the form is to provide objective feedback to the FTOs so they can use the information to continue to enhance their teaching/training skills. It is imperative these questions be answered honestly and directly. Field training officers will benefit by knowing the impression they have made on you, their trainee.

Your response to each item is important. Please take time to provide details about why you rated the FTO as you did. The more information that you can provide the better we can determine each FTO's level of skill and their continued suitability for the position.

This critique form is confidential and will only be reviewed by field training program administrative personnel. The general content of the feedback (*not your identity*) will be relayed to the FTOs to assist with improving training methods.

## PART B. FTO EVALUATION

- The Field Training Program emphasizes two areas: Training **and** Evaluating Performance. Assign percentages (totaling 100%) to the amount of effort your FTO gave to each (*e.g.*, Training–50%, Evaluating Performance–50% / Training–70%, Evaluating Performance–30%)

TRAINING: \_\_\_\_\_%      EVALUATING PERFORMANCE: \_\_\_\_\_%

On a scale of 1 to 5, rate the following:

- Indicate how you perceived your FTO related to you:

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I WAS JUST ONE OF A NUMBER OF RECRUITS		INTERACTION WAS ADEQUATE		I WAS RECOGNIZED AS AN INDIVIDUAL

- What type of role model was the FTO for you?

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
POOR	FAIR	SATISFACTORY	GOOD	EXCELLENT

- Was the FTO attentive to your needs, problems, or concerns?

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NEVER	SELDOM	OFTEN	USUALLY	ALWAYS

- Rate the FTO's knowledge of the training material covered:

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
POOR	FAIR	SATISFACTORY	GOOD	EXCELLENT

- Describe the FTO's skill as a trainer and his/her training methods, such as handouts, visual aids, scenarios, role-play, etc.:

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
POOR	FAIR	SATISFACTORY	GOOD	EXCELLENT

- Rate the FTO's ability to communicate with you:

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
POOR	FAIR	SATISFACTORY	GOOD	EXCELLENT

- Rate the FTO's honesty, fairness, and objectivity in evaluating you:

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
POOR	FAIR	SATISFACTORY	GOOD	EXCELLENT

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**PART B. FTO EVALUATION** *continued*

9. Describe the FTO’s method of critiquing your performance (verbally or in writing):

- 1                       2                       3                       4                       5  
 TOO NEGATIVE /                      SATISFACTORY /                      VERY POSITIVE /  
 TOO CRITICAL / UNFAIR                      FAIR                      ENCOURAGING

10. Did the FTO work with you on areas he/she identified as deficient or where improvement was needed?

- 1                       2                       3                       4                       5  
 NEVER                      SELDOM                      OFTEN                      USUALLY                      ALWAYS

11. List the area(s) you consider to be the FTO’s greatest strengths (e.g., training skills, officer safety, codes and laws, report writing, etc.):

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12. List the area(s) in which you feel the FTO needs improvement:

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13. Were there any conflicts or inconsistencies with the FTO’s training and your academy training?  YES  NO

If YES, explain:

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14. Did you experience any discrepancies between the FTOs?  YES  NO

If YES, explain:

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15. Please list any additional comments or suggestions here:

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Trainee Signature ► \_\_\_\_\_ Date \_\_\_\_\_