

TRAINING ASSIGNMENTS LIST

Sheet ____ of ____

Incident Name: _____ Jurisdiction (Agency): _____ Section: _____
 Complexity Type: Area Command 1 2 3 4 5
 Dates: _____ to _____ Training Specialist: _____

#	Trainee	Order #	Job (4-letter designator)	Date Assigned	Date Released	Agency Designator and Home Unit	Trainer/Evaluator	Recommendation *A B C D E	Evaluation	Final Letter
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

- *Key:
- A. The individual has successfully performed all tasks for the position and should be considered for certification.
 - B. The individual was not able to complete certain tasks (comments below) or additional guidance is required.
 - C. Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.
 - D. The individual is severely deficient in the performance of tasks for the position and needs all future training (both required and knowledge and skills needed) prior to additional assignment(s) as a trainee.
 - E. Other