Individual Performance Rating		Instructions: The immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The completed rating will be given to the Planning Section Chief before the rater leaves the incident.									
1. NAME:		2. INCIDENT NAME AND NUMBER START DATE OF INCIDENT									
3. HOME UNIT ADDRESS		3. INCIDENT AGENCY AND ADDRESS									
4. POSITION HELD ON INCIDENT	5. TRAINE	E POSITI	ION	INCIDI	DATE OF ASSIGNMENT						
TNSP	☐ YES		NO		Compl	ex	□ III Fro		rom/To:		
8. List the main duties from the Position Checklist, on which the position will be rated			PERFORMANCE LEVEL								
Enter X under the appropriate column indicating the individuals level of performance for each duty listed.			Did not apply on this incident		Unacceptable		Need to Improve		Fully Successful		Exceeds Successful
Assemble a kit (1)											
Create workspace with necessary supplies (4) Post signs											
Identify trainees, coaches, and evaluators (6)											
Obtain briefing from Planning Section											
Conduct self in professional manner (9)											
Present training message at Ops Briefing (12)											
Conduct progress reviews (13)											
Maintain a Training Summary Form (16)											
Maintain a Training Assignments Log											
Coordinate with other sections (22)											
Identify trainees and facilitate interviews (23, 24)											
Monitor the quality of training assignment											
Compile documentation for trainee's ho											
Compile documentation for final incide Coordinate an efficient transfer of dution											
Coordinate an efficient transfer of dutie											
9. REMARKS											
11. THIS RATING HAS BEEN DISCUSSED WITH ME (Signatur				re of individual being rated.)					12. date		
13. RATED BY (Signature)			14. HOME UNIT			15. POSITION HELD ON T INCIDENT			THIS 16. DATE		

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