



**EMT Trainee
Daily Observation Report**

EMT: _____ Field Training Officer: _____ Phase: _____ Medic Unit #: _____

Date: _____ Time On Shift: _____ Time Off Shift: _____

Rating Scale:	5..... Superior; shows exceptional performance
	4..... Exceeds standard; above acceptable performance
	3..... Meets standard; acceptable performance without prompting
	2..... Meets objective with assistance, prompting; needs improvement
	1..... Fails to / unable to meet objective with prompting; below standards
	NRT.. Not Responding to Training
	NO... Not Observed
	RT..... Remedial Training

<u>Objective #</u>	<u>Objective</u>	<u>Rating Scale</u>	<u>Time spent RT</u>
1	General appearance	5 4 3 2 1 NRT NO	
2	Acceptance of feedback	5 4 3 2 1 NRT NO	
3	Attitude toward EMS work	5 4 3 2 1 NRT NO	
4	Self initiated field study	5 4 3 2 1 NRT NO	
5	BLS and ALS skills	5 4 3 2 1 NRT NO	
6	Knowledge of agency policies & procedures	5 4 3 2 1 NRT NO	
7	Knowledge of EMS protocols and treatment	5 4 3 2 1 NRT NO	
8	Knowledge of equipment	5 4 3 2 1 NRT NO	
9	Emergency vehicle driving	5 4 3 2 1 NRT NO	
10	Orientation, mapping, routes, navigation	5 4 3 2 1 NRT NO	
11	Documentation	5 4 3 2 1 NRT NO	
12	Field performance--non stress	5 4 3 2 1 NRT NO	
13	Field performance--stress	5 4 3 2 1 NRT NO	
14	Safety	5 4 3 2 1 NRT NO	
15	Radio procedures	5 4 3 2 1 NRT NO	
16	Relations with patients, citizens, coworkers, and other agencies	5 4 3 2 1 NRT NO	

List all tasks accomplished during this scheduled shift:

Most satisfactory areas of performance:

Obj# _____

Obj# _____

Obj# _____

Least satisfactory areas of performance:

Obj# _____

Cause/Remedy:

Obj# _____

Cause/Remedy

Obj# _____

Cause/Remedy

EMT

Comments:

Field Training Officer

Comments:

Signatures:

Field Training Officer

EMT

Training Captain

* THIS DOR IS TO BE COMPLETED AND SIGNED PRIOR TO END OF THE ASSIGNED SHIFT, AFTER THE FIELD TRAINING OFFICER AND THE EMT MEET FOR COUNSELING.