FINAL INCIDENT TRAINEE INTERVIEW

Trainee: ___________________________  Trainee Position: ___________________________

Coach/Evaluator: _________________  Training Specialist: ___________________________

Incident Name/Number: ____________________________________________________________

1. Is this your first assignment in this position?  Y  N

2. Do you feel you benefited from this assignment?  (Explain)
__________________________________________________________________________
__________________________________________________________________________

3. Were your training goals accomplished?  Y  N
If no, explain _________________________________________________________________
__________________________________________________________________________

4. Would you prefer another trainee assignment?  Y  N

5. Comments regarding your coach/evaluator.  (Assistance, Ability, Knowledge of position, and so forth)
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

6. Did you receive a job performance evaluation?  [ ] Yes  [ ] No

Trainee Signature: ____________________________________________________________

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