

HOME UNIT LETTER

TO: _____ DATE: _____

TRAINEE NAME: _____

TRAINEE POSITION: _____

Incident Name and Number:		Type of Incident:				
Incident Location:	Size Class: A B C D F G			Fuel Type:		
Complexity Type:	Area Command	1	2	3	4	5
Training Specialist:	Agency:	Home Unit:	Phone:			

The enclosed training forms are the records of the training assignment. The recommendations given are those of the Training Specialist that was assigned to the incident, with input from the trainee and the coach/evaluator of the position. It is the responsibility of the home unit to ensure the assignment is properly credited and the Individuals Qualification Record is updated, per agency certification standards.

The recommendation for this trainee is:

- _____ 1. The trainee has successfully performed all tasks in the PTB for the position. The Final Evaluator has completed the Final Evaluator's Verification section and recommended the trainee be considered for agency certification.
- _____ 2. The tasks have been performed in a satisfactory manner. However, opportunities were not available for all tasks (or all uncompleted tasks) to be performed and evaluated on this assignment. An additional assignment is needed to complete the evaluation.
- _____ 3. The trainee did not complete certain tasks in the PTB in a satisfactory manner and additional training, guidance, or experience is recommended.
- _____ 4. The individual is severely deficient in the performance of tasks in the PTB for the position and additional training, guidance, or experience is recommended prior to another training assignment.

Remarks: _____

If additional training or trainee experience is indicated, efforts should be made by the home unit to provide additional training assignments.

Training Specialist