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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