## FINAL INCIDENT TRAINEE INTERVIEW

| Trair    | nee:  | Trainee Position:    |        |  |
|----------|---|----------------------|--------|--|
| Coac     | ch/Evaluator:   | Training Specialist: |        |  |
| Incid    | lent Name/Number:   |                      |        |  |
| 1.       | Is this your first assignment in this po  | sition? Y N          |        |  |
| 2.       | Do you feel you benefited from this assignment? (Explain)   |                      |        |  |
| 3.       | Were your training goals accomplished If no, explain  | ed? Y N              |        |  |
| 4.<br>5. | Would you prefer another trainee assignment? Y N  Comments regarding your coach/evaluator. (Assistance, Ability, Knowledge of position, and so forth) |                      |        |  |
|          |   |                      |        |  |
| 6.       | Did you receive a job performance evaluation?   | [ ] Yes              | [ ] No |  |
| Trair    | nee Signature:  |                      |        |  |