

INCIDENT TRAINING SUMMARY

Incident Name: _____

Number: _____

Training Specialist(s): _____

Date: _____

Number of trainees per section and agency						
Agency	Command	Operations	Plans	Logistics	Finance	Total
USFS						
BLM						
BIA						
NPS						
FWS						
STATE						
FD						
PRIVATE						
TOTAL						

NUMBER OF TRAINEES WITH THE FOLLOWING RATINGS

- _____ 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: _____