

REMEDIAL TRAINING NOTIFICATION
Field Training and Evaluation Review Board
Bureau of Patrol/Chicago Police Department

DATE

TO: <input type="checkbox"/> DEPUTY CHIEF UNIT 124 TRAINING AND SUPPORT GROUP	SUBJECT: <input type="checkbox"/> RECOMMEND RE-TRAINING, WITH OBJECTIVES AND GOALS BE CREATED (TSG ONLY) <input type="checkbox"/> RECOMMEND EXTENSION OF FIELD TRAINING, WITH A SPECIFIC TRAINING PLAN (DISTRICT ONLY)
<input type="checkbox"/> COMMANDER DISTRICT _____ BUREAU OF PATROL	
FROM: CHIEF UNIT 142 BUREAU OF PATROL	SIGNATURE

REFERENCE: SPECIAL ORDER S11-02, titled "Field Training and Evaluation Program" and S11-02-01, titled "Field Training and Evaluation Review Board".

PROBATIONARY POLICE OFFICER'S NAME	STAR NO.	DATE TO START TRAINING
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TRAINING PLAN (GOALS AND OBJECTIVES)

SUMMARY OF CLASSES AND/OR INSTRUCTION THAT WAS PROVIDED

TSG SERGEANT ASSIGNED/DISTRICT FTO ASSIGNED	DATE TRAINING FINISHED
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<input type="checkbox"/>	LISTED PROBATIONARY MEMBER FAILED TO ATTEND THE PRESCRIBED TRAINING PLAN.
<input type="checkbox"/>	LISTED PROBATIONARY MEMBER WAS TARDY OR A UNIFORM OR PERSONAL EQUIPMENT/PERSONAL APPEARANCE INFRACTION WAS NOTED, SEE REMARKS SECTION.
<input type="checkbox"/>	LISTED PROBATIONARY MEMBER COMPLETED THE TRAINING PLAN, BUT FAILED TO MEET STANDARDS, SEE REMARKS SECTION.
<input type="checkbox"/>	LISTED MEMBER COMPLETED TRAINING PLAN AND RESPONDED TO TRAINING.

REMARKS

PREPARED BY (DEPUTY CHIEF OR COMMANDER)	SIGNATURE
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DISTRIBUTION <input type="checkbox"/> RETURNED TO BUREAU OF PATROL-FTO SECTION	DATE
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