

MONTHLY TRAINING REPORT

TRAINING OVERSIGHT COMMITTEE
CHICAGO POLICE DEPARTMENT



The CPD will maintain a minimum of 40 hours annually of in-service training. An annual needs assessment will be conducted to inform the Department's annual in-service training, as outlined in the Annual Training Plan. Additionally, a monthly training report will be submitted by Voting and Advisory Members of the Training Oversight Committee to identify emerging trends and training needs that may require the development and delivery of courses beyond the current training plan, as approved by the Training Oversight Committee.

Please provide feedback and recommendations based upon your knowledge and experiences regarding professional development and training. Please specify training topics that would benefit members in their daily functions in order to serve our communities and protect the lives, rights, and property of all people in Chicago.

Please check the section(s) that describe(s) the feedback and recommendations provided:

- information collected from use of force reviews, discipline and civilian complaints, and reports of officer safety issues;
- input from CPD members of all ranks and their respective collective bargaining units, if applicable;
- input from members of the community;
- recommendations from CPD oversight entities, including, but not limited to COPA, the Deputy Inspector General for Public Safety ("Deputy PSIG"), and the Police Board;
- changes in the law, to the Illinois Law Enforcement Training and Standards Board requirements, and to CPD policy, if any;
- court decisions and litigation;
- research reflecting the latest in training and law enforcement best practices;
- information obtained from evaluation of training courses, instructors, and FTOs;
- member reaction to, and satisfaction with, the training they received;
- changes for CALEA standards;
- other

Briefly explain your recommendation:

The Training Division is responsible for assessing the content and delivery of all CPD training, including training provided by outside instructors or non-CPD entities. The Training Division will maintain, complete, and keep accurate records of all training provided to CPD members, including curriculum, lesson plans, course evaluations, and other training materials.

All training classes will be given class names and class record numbers by the Instructional Design Section, Training Division, with completed training entered into members' training records.

Please list any training that occurred since the last Training Oversight Committee Meeting:	Please list any training planned for the next month:
Course Title: _____	Course Title: _____
Course Number: _____	Course Number: _____
Course Dates: _____	Course Dates: _____
Location: _____	Location: _____
Instructor/Vendor: _____	Instructor/Vendor: _____
CPD Point of Contact: _____	CPD Point of Contact: _____
Name/Phone Number: _____	Name/Phone Number: _____
Please list any training that occurred since the last Training Oversight Committee Meeting:	Please list any training planned for the next month:
Course Title: _____	Course Title: _____
Course Number: _____	Course Number: _____
Course Dates: _____	Course Dates: _____
Location: _____	Location: _____
Instructor/Vendor: _____	Instructor/Vendor: _____
CPD Point of Contact: _____	CPD Point of Contact: _____
Name/Phone Number: _____	Name/Phone Number: _____
Please list any training that occurred since the last Training Oversight Committee Meeting:	Please list any training planned for the next month:
Course Title: _____	Course Title: _____
Course Number: _____	Course Number: _____
Course Dates: _____	Course Dates: _____
Location: _____	Location: _____
Instructor/Vendor: _____	Instructor/Vendor: _____
CPD Point of Contact: _____	CPD Point of Contact: _____
Name/Phone Number: _____	Name/Phone Number: _____
Please list any training that occurred since the last Training Oversight Committee Meeting:	Please list any training planned for the next month:
Course Title: _____	Course Title: _____
Course Number: _____	Course Number: _____
Course Dates: _____	Course Dates: _____
Location: _____	Location: _____
Instructor/Vendor: _____	Instructor/Vendor: _____
CPD Point of Contact: _____	CPD Point of Contact: _____
Name/Phone Number: _____	Name/Phone Number: _____

Name: _____ Signature: _____

Unit: _____ Date: _____