***MID-PHASE SELF-EVALUATION FORM***

**OIT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FTO:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRAINING PHASE:**   1  2  3

**What three performance areas did you excel in this week?**

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**What three performance areas were the most challenging for you this week?**

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**What were the three most important things you learned this week?**

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**Is there any training your FTO or the FTO Program provide to you to help you be more successful?**

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**Completed by FTO:**

Review OIT input verbally with OIT. Were OIT’s observations consistent with FTO’s? If not, list inconsistencies and what was done to address them.

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**OIT SIGNATURE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **FTO SIGNATURE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_