***RELEASE FROM FIELD TRAINING***

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

**OFFICER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SERGEANT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OFFICER STATUS**

**Officer is Operating at a Solo Capable Officer Level:** [ ]  Yes [ ]  No

**Officer Demonstrates Good Safety Practices:** [ ]  Yes [ ]  No

**Officer Demonstrates Good Search/Seizure Practices:** [ ]  Yes [ ]  No

**Officer Demonstrates Good Decision-Making:**  [ ]  Yes [ ]  No

**Reviewed this Form with Officer:**  [ ]  Yes [ ]  No

 **SERGEANT RECOMMENDS RELEASE FROM FTO:**  [ ]  Yes [ ]  No

**\* If “NO” is marked for any response above, contact the Field Training Program Manager immediately to discuss options.**

**\* Meet with officer to review and sign this form. Once signed, return the Critical Task Workbook to the Field Training Program Manager.**

**SERGEANT COMMENTS**

|  |
| --- |
| **OFFICER STRENGTHS:**  |
|  |
| **OFFICER AREAS FOR IMPROVEMENT:** |

|  |  |  |
| --- | --- | --- |
| **OFFICER SIGNATURE:** |  |  |
| **SERGEANT SIGNATURE:** |  |  |