INFORMATION SHEET

Form Number: FD-17A

Title: PROBATIONARY FIREFIGHTER EVALUATION REPORT

Contents: Progress report for probationary firefighters.

Frequency: Monthly, or as directed.

Responsibility: Immediate supervisor.

Channels Through: Training Officer to Training Chief.

Remarks: To be completed on the last working day of the month.
INSTRUCTION SHEET

Information

The FD-17A shall be completed by the immediate supervisor for each probationary firefighter under his/her command. This requirement is to be met during the first 12 months of the probationary firefighter’s appointment, plus one to make up for any leave time taken, for a total of 13 months.

The probationary firefighter shall be evaluated by his/her immediate supervisor on the last scheduled working day of each month. The supervisor shall discuss the report with the member being evaluated.

The FD-17A shall be forwarded through the Training Officer to be reviewed and signed by the Training Chief. It will be placed in the member's personnel file at headquarters. The report shall be received by the Training Chief no later than the 15th day of each month following the rating period.

As indicated on the FD-17A, it is mandatory ratings of “Below Standard” be addressed by a Performance Plan. This requirement shall not dissuade the rater from giving an honest appraisal.

Each evaluation shall be made after considering the member's work during the probationary period covered by the report. Supervisor shall not base his/her judgment entirely on the member's work immediately preceding the evaluation period, or on isolated actions not typical of the member's work.

It shall be noted this is a probationary evaluation report, which shall indicate the member is to be graded on probationary status and not as a fully trained and experienced member. Actual length of service shall be considered. A rating of “Above Standard” does not indicate the member is superior to veteran members, only the member is superior in the probationary position.

How to Complete the Evaluation Report Form

1. From the FFD Training File Center, Manuals, Procedures & Forms, open the form.

2. Use the TAB key or mouse to move around the document. Do not use the ENTER key.

   **Note:** Some of the cells have been locked to avoid revisions.

3. Type member’s name adjacent to the heading **Member: (Last, First, MI)**, not above the line.

4. Enter the month, day, and year of the evaluation.

5. Enter the station and shift the probationary member is assigned (i.e., E13A).
6. Enter the rating evaluator’s name.

7. Enter the dates of the evaluation period.

8. Enter which evaluation month the member is in (i.e., 1, 3, 7).

9. Answer each statement in the quality of information box with the appropriate numerical value.

10. The rating category boxes can be checked by either of the following methods.
    a. Highlight the box by using the TAB and pressing the SPACE bar. The space bar will toggle between checked and unchecked.
    b. Click the desired box with the left mouse button. This will also toggle between checked and unchecked.

11. The comments section and the Performance Plan section are text boxes. The box will expand to fit rater's needs. If more space is needed for documentation, an additional sheet of paper can be added.

12. The Member Comments section will be lined. Any firefighter wishing to comment on his/her evaluation can do so; however, he/she will have to hand write his/her comments.

13. Print the evaluation form.

How to Mark the Evaluation Report

The member’s performance is to be rated on each factor. These factors are indicated on the FD-17A and shall be interpreted according to the following definitions. These definitions shall be kept by the rater and constantly referred to in completing the FD-17A.

Unknown or Not Applicable (N/A)

This rating shall be given to the member whom you have had no opportunity to observe in reference to the particular trait; or, the particular trait is not applicable to the member being rated. If this rating is chosen, check the column titled N/A that corresponds with the criterion being rated.

Below Standard

This rating shall be given to a member who does not meet the standard. Below standard ratings must be addressed by a Performance Plan.

Standard

This rating shall be given to a member who consistently meets the requirements of the position in the trait being considered.
Above Standard

This rating shall be given to the member who constantly meets, and sometimes exceeds, the requirements of the position. Above standard ratings must be addressed in evaluator’s comments.

Performance Plan

The Performance Plan is comprised of three parts as follows: (1) Summary, (2) Plan for Improvement, and (3) Evaluation.

Summary (Description of Incident or Behavior)

On [date] at [time] [incident number] at [location] [describe incident or behavior in detail - who, what, where, how, why].

This [incident / conduct / misconduct / failure to perform / attitude] [explain consequences - could have resulted in an injury to you, your co-workers or members of the public we are hired to protect / is problematic because freelancing results in a breakdown of communication and hampers our ability to work together efficiently / is unprofessional and reflects poorly on the Department whose main purpose is to provide professional, protective services to members of the public].

When you and I spoke about this [incident / conduct / misconduct / failure to perform / attitude] you informed me that [reiterate what the employee told you during your conversation].

OPTIONAL - I have informally counseled you in the past regarding [these same issues / similar issues / other issues].

Plan for Improvement

To ensure you [perform your duties safely and competently / correct your unprofessional behavior / ensure you communicate clearly with me and your co-workers] the following areas of deficiency will be evaluated:

1. [insert specific behaviors / conduct that require improvement]

Please be advised that this list is subject to change if newly identified areas of concern arise. You will be notified in the event other areas of concern are identified. Make sure to follow through on this if other incidents occur.

Evaluation (Time Frame)

This plan for improvement is effective immediately. At the end of [time period / number of shifts] your performance will be reviewed.
**Member:**

**Date:**

**Assignment:**

**Captain:**

**Period Covered:**

**Evaluation #:**

### QUALITY OF INFORMATION

Number of shifts captain worked with probationary firefighter during this evaluation period: 

Number of shifts probationary firefighter missed (i.e., illness, vacation, holiday, etc.): 

Number of times this probationary firefighter was late during this evaluation period: 

Number of shift trades the probationary firefighter had during this evaluation period: 

### RATING CATEGORY

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<th>RATING CATEGORY</th>
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<td>ABEVE STANDARD</td>
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Place an X in the appropriate box.

*A rating of Below Standard must be addressed by a Performance Plan.

#### 1. PERFORMANCE AT MEDICAL-AID AND RESCUE EMERGENCIES

a) Demonstrates knowledge and implementation of patient assessment

b) Demonstrates operational readiness and cohesion with First Responder units

c) Demonstrates knowledge and operation of medical equipment

d) Demonstrates knowledge of EMS protocols

#### 2. PERFORMANCE DURING FIRE GROUND OPERATIONS

a) Demonstrates knowledge of fire ground Individual and Company Performance Evolutions (IPEs) (CPEs)

b) Follows direction, performs safely, and as directed by the company/chief officer

c) Demonstrates operational readiness and appropriate skills in various fire ground functions (ventilation, overhaul, salvage, rescue, etc.)

d) Performs firefighting functions in a safe manner and according to policy

#### 3. COMMUNICATION/PUBLIC RELATIONS

a) Demonstrates effective communications skills with supervisors and public as specified in the Rules and Regulations 109.009 Section 10 and 109.011 General Conduct Sections 12 and 13

b) Completes all written assignments in a timely and efficient manner

c) Handles public relations matters as specified

#### 4. PARTICIPATION IN DRILL AND TRAINING FUNCTIONS

a) Actively participates and assists instructors and members while maintaining safe practices

b) FFD Training assignments current and entries made

c) Safely and proficiently operates equipment

d) Performance during simulated emergency incidents

e) Prepares and delivers accurate station schools

f) Task book progression

#### 5. PHYSICAL FITNESS ACTIVITIES

a) Actively participates in Department Physical Fitness Program

b) Physically capable of successfully performing and completing fire ground, rescue and EMS activities

#### 6. PERFORMANCE OF STATION MAINTENANCE DUTIES

a) Actively and efficiently participates in station and facility maintenance duties as assigned

b) Plans, organizes, and completes work effectively

c) Initiates assigned duties with minimal supervision
### RATING CATEGORY

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Place an X in the appropriate box.
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#### 7. PERFORMANCE OF EQUIPMENT MAINTENANCE DUTIES

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#### 8. OBSERVANCE OF CITY/DEPARTMENT RULES, REGULATIONS, AND POLICIES

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**Evaluators Comments:**

**Status of any Performance Plan(s) from last rating period:**

*Performance Plan for next rating period:

**Summary:**

**Plan for Improvement:**

**Evaluation/Time Frame:**

On-Duty Battalion Chief signature:

**Member Comments:**

Signature of Member: __________________________ Date: ____________ Assignment: __________________________

Signature of Evaluator: ________________________ Date: ____________ Rank: ________________________

Signature of Training: ________________________ Date: ____________

Signature of Operations: ______________________ Date: ____________ Position: ______________________