

**Iredell County EMS FTO Evaluation**

**FTO** \_\_\_\_\_ **Trainee** \_\_\_\_\_

**Date** \_\_\_/\_\_\_/\_\_\_ **Base** \_\_\_\_\_

**1- Below expectations    2- Meets expectations    3- Above expectations    4- Superb**

	<b>Uniform</b>
	<b>Knowledge of protocols &amp; SOGs</b>
	<b>Did FTO teach the protocols &amp; SOGs</b>
	<b>Attitude towards trainee</b>
	<b>Relationship with other agencies</b>
	<b>Teaching/evaluation process</b>

**In what areas can FTO improve?**

**Do you feel the FTO spent enough time training/evaluating your skills/protocols/SOGs knowledge?**