

MODEL AGENCY TRAINING RECORD

BASIC COURSE FOR POLICE OFFICERS

TRAINEE NAME: _____ SOCIAL SECURITY NUMBER: _____ Agency: _____

Performance Objectives	Instructor Name (Print)	Initials (Sign)	Performance Objectives	Instructor Name (Print)	Initials (Sign)	Performance Objectives	Instructor Name (Print)	Initials (Sign)
15.1.1			15.1.27			15.1.54		
15.1.2			15.1.28			15.1.55		
15.1.3			15.1.29			15.1.56		
15.1.4			15.1.30			15.1.57		
15.1.5			15.1.31			15.1.58		
15.1.6			15.1.32			15.1.59		
15.1.7			15.1.33			15.1.60		
15.1.8			15.1.34			15.1.61		
15.1.9			15.1.35			15.1.62		
15.1.10			15.1.36			15.1.63		
15.1.11			15.1.37			15.1.64		
15.1.12			15.1.38			15.1.65		
15.1.13			15.1.39			15.1.66		
15.1.14			15.1.40			15.1.67		
15.1.15			15.1.41			15.1.68		
15.1.16			15.1.42			15.1.69		
15.1.17			15.1.43			15.1.70		
15.1.18			15.1.44			15.1.71		
15.1.19			15.1.45			15.1.72		
15.1.20			15.1.46			15.1.73		
15.1.21			15.1.47			15.1.74		
15.1.22			15.1.48			15.1.75		
15.1.23A			15.1.49			15.1.76		
15.1.23B			15.1.50			15.1.77		
15.1.24			15.1.51					
15.1.25			15.1.52					
15.1.26			15.1.53					

I certify that this record is complete, and that all performance objectives have been taught.

_____ Agency CEO -Printed Name

_____ Signature

_____ Rank/Title

_____ Date