

DAILY OBSERVATION REPORT

Trainee Name	I.D. #	CTO Name	I.D. #	Date
--------------	--------	----------	--------	------

Rating Instructions: Rate observed behavior with reference to the scale below. Comment on the most and least satisfactory performance of the day. Comment on any behavior that you wish, but a specific comment is required on all rating of "2" or less, and "6" and above. Check "N.O." box if that category was not observed. If the trainee is not responding to training, check the "N.R.T." and comment.

Shift:										
Position:										
ASSIGNMENT OR REASON FOR NO EVALUATION:	<u>RATING SCALE</u>									
	Not Acceptable by CTO Program Standards			Acceptable Level				Superior by CTO Program Standards		
	1	2	3	4	5	6	7	N.O.	N.R.T.	

APPEARANCE

1. General Appearance

ATTITUDE

2. Acceptance of Feedback-CTO Program ☐ ☒ ☐ ☐ ☐ ☐ ☐ ☐

3. Attitude toward Telecommunications Work ☐ ☒ ☐ ☐ ☐ ☐ ☐ ☐

KNOWLEDGE

[illegible]

PERFORMANCE

[illegible]

RELATIONSHIPS

28. With External Customers ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

29. With Internal Customers ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

DAILY OBSERVATION REPORT

Trainee Name

I.D. #

CTO Name

I.D. #

Date

Documentation of Performance Comments:

CAT #Comments

Trainee Signature

Date

CTO Signature

Date

Reviewed by

Date