

VILLAGE OF WALDEN POLICE DEPARTMENT

Evaluation Program

POLICE OFFICER EVALUATION FORM

Officer's Name: Officer

Evaluation period:

SGT

Supervisor Completing Evaluation (Please Print)

P = PASS

F = FAIL

OUTLOOK

- | | | |
|----------------------------|----------------------------|---|
| P <input type="checkbox"/> | F <input type="checkbox"/> | 1 - ABILITY TO ACCEPT CRITICISM: VERBAL / BEHAVIOR |
| P <input type="checkbox"/> | F <input type="checkbox"/> | 2 - OUTLOOK TOWARDS POLICE WORK AND DEPARTMENT |
| P <input type="checkbox"/> | F <input type="checkbox"/> | 3 - OUTLOOK TOWARDS ALL CITIZENS |
| P <input type="checkbox"/> | F <input type="checkbox"/> | 4 - OUTLOOK TOWARD OTHER OFFICERS AND COMMAND PERSONNEL |

APPEARANCE

- | | | |
|----------------------------|----------------------------|---------------------------------|
| P <input type="checkbox"/> | F <input type="checkbox"/> | 5 - UNIFORM APPEARANCE/NEATNESS |
|----------------------------|----------------------------|---------------------------------|

KNOWLEDGE OF AND ABILITY TO APPLY

- | | | |
|----------------------------|----------------------------|--|
| P <input type="checkbox"/> | F <input type="checkbox"/> | 6 - DEPARTMENTAL POLICIES AND PROCEDURES |
| P <input type="checkbox"/> | F <input type="checkbox"/> | 7 - STATE LAWS APPLICABLE TO POLICE WORK |
| P <input type="checkbox"/> | F <input type="checkbox"/> | 8 - TRAFFIC CODES/VILLAGE ORDINANCES |
| P <input type="checkbox"/> | F <input type="checkbox"/> | 9 - AREA CHECKS AND AREA PROBLEMS |
| P <input type="checkbox"/> | F <input type="checkbox"/> | 10 - JOB FUNCTIONS |

PERFORMANCE

- | | | |
|----------------------------|----------------------------|--|
| P <input type="checkbox"/> | F <input type="checkbox"/> | 11 - DRIVING SKILLS |
| P <input type="checkbox"/> | F <input type="checkbox"/> | 12 - SELF INITIATED/ AVAILABILITY FOR CALLS/BACKUP |
| P <input type="checkbox"/> | F <input type="checkbox"/> | 13 - ORIENTATION / RESPONSE TIME TO CALLS |
| P <input type="checkbox"/> | F <input type="checkbox"/> | 14 - FIELD PERFORMANCE: NON-STRESS CONDITIONS |
| P <input type="checkbox"/> | F <input type="checkbox"/> | 15 - FIELD PERFORMANCE: STRESS CONDITIONS |
| P <input type="checkbox"/> | F <input type="checkbox"/> | 16 - INVESTIGATIVE SKILL/ FOLLOW UP ON INCIDENTS |
| P <input type="checkbox"/> | F <input type="checkbox"/> | 17 - INTERVIEW / INTERROGATION SKILL |
| P <input type="checkbox"/> | F <input type="checkbox"/> | 18 - OFFICER SAFETY |
| P <input type="checkbox"/> | F <input type="checkbox"/> | 19 - PROACTIVELY POLICES ASSIGNED AREA |
| P <input type="checkbox"/> | F <input type="checkbox"/> | 20 - SELF INITIATED FIELD ACTIVITY |
| P <input type="checkbox"/> | F <input type="checkbox"/> | 21 - CONTROL OF CONFLICT |

P F
P F
P F
P F

- 22 - ADHERES TO LEAVE POLICY
- 23 - ABILITY TO WORK WITHOUT SUPERVISION
- 24 - PROBLEM SOLVING / DECISION MAKING
- 25 - RADIO SKILLS / PROFESSIONALISM

WRITTEN COMMUNICATION SKILLS

P F
P F
P F
P F

- 26 - ROUTINE FORM ACCURACY / COMPLETENESS
- 27 - REPORT WRITING: ORGANIZATION / DETAILS
- 28 - REPORT WRITING: GRAMMER / SPELLING / NEATNESS
- 29 - PROPER USE / COMPETENCE W/ COMPUTER REPORTING

Length of time officer has worked for supervisor completing evaluation
Officer's strongest area or areas of performance:

YRS _____

Category number _____

Explain:

Officer's weakest area or areas of performance:

Category number _____

Explain:

Officers Remarks:

Date completed: _____, 20_____

Signature of Supervisor Completing Evaluation

Officer's Signature

Date _____ / _____ / _____

Chief's Signature

Date _____ / _____ / _____

Village Manager's Signature

Date _____ / _____ / _____