

**TAMPA POLICE DEPARTMENT FIELD TRAINING AND EVALUATION PROGRAM  
SUPERVISOR'S ALTERNATE INTERVAL TRAINING REPORT**

Report No. \_\_\_\_\_

Probationary Officer \_\_\_\_\_

Supervisor \_\_\_\_\_

Phase No. \_\_\_\_\_

Date \_\_\_\_\_

**Progress Rating (Satisfactory or Unsatisfactory)**

Weekly # \_\_\_\_\_  S  U

Weekly # \_\_\_\_\_  S  U

**Instructions:** The supervisor will review the Daily Observation Reports for the previous two weeks, then complete this form and conduct a training conference with the probationary officer.

Significant Strengths: \_\_\_\_\_

Significant Weaknesses: \_\_\_\_\_

Special Training Plan (if applicable): \_\_\_\_\_

Probationary Officer's Signature

Supervisor's Signature