

WASHINGTON COUNTY SHERIFF'S DEPARTMENT
 TRAINING DOCUMENTATION RECORD / After-Action

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| 1. NAME: LAST FIRST MIDDLE | RANK: ASSIGNMENT: | |
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3. COURSE TITLE:

| | | |
|--|------------------------|---------------------------|
| 4. SCHOOL/AGENCY PRESENTING COURSE: | HOURS ATTENDED: | DATE COURSE ENDED: |
|--|------------------------|---------------------------|

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|--------------------------|----------------------------|--------------------------|
| 5. POST CONTROL # | UDC CERTIFICATION # | TOTAL HRS COURSE: |
|--------------------------|----------------------------|--------------------------|

- 2(a) Was the course material presented as stated? Yes No
- (b) Was the course content relevant to your assignment? Yes No
- (c) Was sufficient time allotted to present training? Yes No
 Comment:

- (d) Was your lodging acceptable? Yes No
 Comments:

- (e) What was the best part of the Course?
 Comment:

- (f) What was the greatest weakness of the course?
 Comment:

- (g) Rate the instructor's knowledge of the subject presented?
 Comment:

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| The information submitted is true and correct: | |
| SIGNATURE OF EMPLOYEE | Date |
| SIGNATURE OF EMPLOYEE'S SUPERVISOR | Date |

** SUBMIT A COPY OF YOUR CERTIFICATE (IF ONE WAS GIVEN) AND YOUR HOTEL RECEIPT TO THE TRAINING BUREAU WITHIN FIVE DAYS FOLLOWING COMPLETION OF COURSE**