



ORANGE COUNTY FIRE AUTHORITY

# Cadet Daily Evaluation

PERFORMANCE EVALUATION

Ratings

1= Substandard  
 2= Improvement Needed  
 3= Standard  
 4= Above Standard  
 5= Outstanding

Requested By:		Date of Ride-Along:	<input type="checkbox"/> 10 Hour <input type="checkbox"/> 24 Hour	Date:
Ride-Along Station:	Advisor:	Company Officer:		
Post Advisor Approval Name:		Signature:		

Quantity of Work	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	Manipulative Skills	Skills #s Practiced
Quality of Work	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Work Habits	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	Specialized Training / Drills	
Personal Relations	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
Adaptability & Initiative	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
Progress	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		

Emergency Responses	
1) _____	
2) _____	
3) _____	
4) _____	
5) _____	
6) _____	
7) _____	
8) _____	
9) _____	
10) _____	

Comments

"This daily evaluation has been discussed with me"		
Cadet Signature: _____	FC Signature: _____	Date: _____