



**PARAMEDIC 5 CALL EVALUATION
FIELD TRAINING OFFICER (FTO) SUMMARY FORM**

(To be completed by the Evaluator)

Candidate Name: _____ Date: _____

FTO Name: _____ FTO Signature: _____

******ALS CONTACTS ONLY******

Run Number	Date	General Assessment	Skills Performed
1.)	_____	_____	_____
2.)	_____	_____	_____
3.)	_____	_____	_____
4.)	_____	_____	_____
5.)	_____	_____	_____

Comments: _____

****This form is to be submitted to the CES Coordinator prior to accreditation****