

**KEMPSVILLE VOLUNTEER RESCUE SQUAD  
 TRAINEE EVALUATION & PERFORMANCE FORM**

**Trainee:** \_\_\_\_\_

**EMT:** \_\_\_ **FR:** \_\_\_

**Unit #: ( BLS / ALS )** \_\_\_\_\_

Shift: D-06-1800 N-18-0600

**Crew:** \_\_\_\_\_

Use the following scale to evaluate each area as appropriate. Make comments as necessary.  
**1=Unacceptable 2=Needs Practice 3=Satisfactory 4=Excellent N/O=Not Observed**

Trainees list calls that you ran below: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PATIENT ASSESSMENT:**

Primary survey:

- Uses correct techniques & order 1 2 3 4 N/O
- Prioritizes problems 1 2 3 4 N/O
- Initiates appropriate interventions 1 2 3 4 N/O

**MATERNITY PATIENTS:**

- Recognition of impending delivery 1 2 3 4 N/O
- Assists with delivery 1 2 3 4 N/O
- Recognition of complications 1 2 3 4 N/O
- Assesses newborn 1 2 3 4 N/O
- Determines APGAR 1 2 3 4 N/O
- Other: \_\_\_\_\_ 1 2 3 4 N/O

**PEDIATRIC PATIENTS:**

- Assessment of febrile patient 1 2 3 4 N/O
- Assessment of seizure patient 1 2 3 4 N/O
- Assessment of asthma patient 1 2 3 4 N/O
- Assessment of acute respiratory distress patient 1 2 3 4 N/O
- Other: \_\_\_\_\_ 1 2 3 4 N/O

**COMMUNICATIONS:** \_\_\_ CORE \_\_\_ HEAR \_\_\_ VERBAL \_\_\_ WRITTEN

- Clear, concise communications 1 2 3 4 N/O
- Appropriate/accurate content 1 2 3 4 N/O
- Written patient report overall evaluation 1 2 3 4 N/O
- Presentation of report to ER staff 1 2 3 4 N/O
- Ability to relate to patient 1 2 3 4 N/O
- Ability to relate to bystanders/family 1 2 3 4 N/O
- Ability to relate to peers 1 2 3 4 N/O
- Ability to relate to ALS 1 2 3 4 N/O
- Ability to relate to hospital personnel 1 2 3 4 N/O

**SCENE MANAGEMENT:**

|                                      |             |
|--------------------------------------|-------------|
| Directs other BLS personnel          | 1 2 3 4 N/O |
| Proper turnover to ALS               | 1 2 3 4 N/O |
| Interaction with other BLS personnel | 1 2 3 4 N/O |
| Able to triage                       | 1 2 3 4 N/O |
| Use of other resources: _____        | 1 2 3 4 N/O |

**ATTITUDE & APPEARANCE:**

|                                 |             |
|---------------------------------|-------------|
| Acts appropriately              | 1 2 3 4 N/O |
| Eager to work, shows initiative | 1 2 3 4 N/O |
| Accepts corrections gracefully  | 1 2 3 4 N/O |
| In appropriate uniform          | 1 2 3 4 N/O |
| Neat & well groomed             | 1 2 3 4 N/O |
| Wearing city issued ID badge    | 1 2 3 4 N/O |

**SKILLS:**

|                            |             |
|----------------------------|-------------|
| C-collar                   | 1 2 3 4 N/O |
| Backboard                  | 1 2 3 4 N/O |
| CID                        | 1 2 3 4 N/O |
| KED                        | 1 2 3 4 N/O |
| Airway management overall: | 1 2 3 4 N/O |
| Cannula                    | 1 2 3 4 N/O |
| Non-rebreather             | 1 2 3 4 N/O |
| BVM                        | 1 2 3 4 N/O |
| Positive pressure          | 1 2 3 4 N/O |
| Suctioning                 | 1 2 3 4 N/O |
| Oral airway                | 1 2 3 4 N/O |
| Nasal airway               | 1 2 3 4 N/O |
| Vital signs overall:       | 1 2 3 4 N/O |
| Pulse                      | 1 2 3 4 N/O |
| Blood pressure             | 1 2 3 4 N/O |
| Respirations/lung sounds   | 1 2 3 4 N/O |
| LOC                        | 1 2 3 4 N/O |
| Pupils                     | 1 2 3 4 N/O |

**GENERAL COMMENTS::**

AIC's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Trainee's signature: \_\_\_\_\_

Date: \_\_\_\_\_