

**CITY OF VIRGINIA BEACH
DEPARTMENT OF EMS**

**DUTY CHIEF CANDIDATE
SHIFT EVALUATION**

NAME: _____ **DATE:** _____

SHIFT: _____ **NUMBER OF HOURS THIS SHIFT:** _____

Please document in detail your evaluation of the trainee based on his/her performance during the shift. Include all aspects of training covered and comment on the ability of the candidate to function as a Duty Chief.

	Poor	Average	Excellent
Neatness/Appearance			
Punctuality			
Attitude			
Delegation of Tasks			
Ability to work with others (Fire, Police, EMS).			

***This evaluation will be signed after the Duty Chief has discussed it with the candidate.**

Duty Chief

Candidate

***Evaluations will not be accepted for credit unless signed by both the Duty Chief and candidate.**