

**UNITED STATES ARMY
FIELD ARTILLERY TRAINING CENTER
TRAINING EVALUATION REPORT**

1. ADMINISTRATIVE DATE				
a. Cycle	b. Unit	c. Subject	d. Date	e. Training Time Start Stop
f. Location		g. Primary Trainer (Name/Unit/TCB/TE&A		h. Training Time Start Stop
i. Soldier Status:				
Number Assigned	Number Present	Number Absent	Reason For Absence	
j. Unit Cadre Status:				
Number Authorized	Number Present	Number Absent	Reason For Absence	
k. Training Group Status:				
Number Authorized	Number Present	Number Absent	Reason For Absence	
2. PREPARATION FOR TRAINING				
NA	GO	NO GO	TASK	REMARKS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Trainer certified/standardized	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Lesson plan available/current/approved	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Training area setup prior to start of instruction	
3. TRAINING RESOURCES				
NA	GO	NO GO	TASK	REMARKS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Training time sufficient	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Training aids/devices available/adequate	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Training area adequate	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Required reference materials on hand	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Adequate number of assistant trainers/DS present	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. Soldier properly equipped	
4. CONDUCT OF TRAINING				
NA	GO	NO GO	TASK	REMARKS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Followed training schedule	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Training objectives in POI/lesson plans were taught	
FS Form 118 (USAFATC) 1 Oct 01 Page 1 of 2				

NA	GO	NO GO	TASK	REMARKS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Trainer demonstrated or stated what soldier was to learn	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Trainer was knowledgeable of subject matter	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. Units obtained feedback adequate to plan refresher/RTR training	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g. Trainer demonstrated positive attitude and enthusiasm toward training	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h. Training was conducted safely	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Training proceeded in logical manner	
5. TRAINING EFFECTIVENESS				
NA	GO	NO GO	TASK	REMARKS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Available time was used effectively	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Assistant trainer/DS were used effectively	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Training aids/devices used effectively	
6. COMMENTS/RECOMMENDATIONS				
RISK ASSESSMENT:				
FS FORM 266 CORRECT:				
MEDEVAC PROCEDURES:				
WET BULB:				
WATER/ICE:				
SHELTER:				
HEATER:				
TNG IAW PLAYBOOK/DATE:				
PROPER UNIFORM:				
BC, 1SG, OR XO PRESENT DURING TRAINING:				
FOR MORE COMMENTS, SEE ATTACHED PAGE:				
EVALUATOR'S SIGNATURE/OFFICE/PHONE:				
CADRE SIGNATURE/POSITION/PHONE				
TRAINER'S SIGNATURE/POSITION/PHONE				