

**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 (Unit SDS/1-78 th FA NCOIC)				h. Evaluation Time					
								Start		Stop			
i. Soldier Status				j. Unit Drill Sergeant Status				k. Training Group Status					
Number Assigned		Reason for Absence		Number Assigned		Reason for Absence		Number Assigned		Reason for Absence			
Number Present				Number Present				Number Present					
Number Absent				Number Absent				Number Absent					
2. PREPARATION FOR TRAINING			NA	GO	NOGO	Remarks	5. TRAINING EFFECTIVENESS			NA	GO	NOGO	Remark
a. Trainer certified/standardized			<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. Training area setup prior to start of instruction			<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. Instruction began on time			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		c. Training aids/devices used effectively			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. TRAINING RESOURCES			NA	GO	NOGO	Remarks	6. COMMENTS/RECOMMENDATIONS					Yes	No
a. Training time sufficient			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		a. Risk Assessment Worksheet Completely Implemented					<input type="checkbox"/>	<input type="checkbox"/>
b. Training Aids/devices available/adequate			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		b. RS Form 266 Correct					<input type="checkbox"/>	<input type="checkbox"/>
c. Training area adequate			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		c. Medevac procedures					<input type="checkbox"/>	<input type="checkbox"/>
d. TSP POI date			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		d. Wet bulb					<input type="checkbox"/>	<input type="checkbox"/>
e. Adequate number of assistant trainers/DS present			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		e. Water/Ice					<input type="checkbox"/>	<input type="checkbox"/>
f. Soldier properly equipped			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		f. Shelter					<input type="checkbox"/>	<input type="checkbox"/>
4. CONDUCT OF TRAINING			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		g. Heater					<input type="checkbox"/>	<input type="checkbox"/>
a. Followed training schedule			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		h. Training IAW POI					<input type="checkbox"/>	<input type="checkbox"/>
b. Training objectives in POI/lesson plans were taught			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		i. Proper Uniform Cadre Trainee's					<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"/>		j. BC, 1SG and XO Present for training					<input type="checkbox"/>	<input type="checkbox"/>
d. Training objectives in POI/lesson plans were taught			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		k. Army core values incorporated into training					<input type="checkbox"/>	<input type="checkbox"/>
e. Correct teaching methods and techniques were used			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		COMMENTS						
f. Units obtained feedback adequate to plan RTR training			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
g. Trainer demonstrated positive attitude and enthusiasm to training			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
h. Training was conducted safely			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
i. Trainer proceeded in a logical manner			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		7. EVALUATOR'S SIGNATURE/OFFICE/PHONE						
							8. CADRE'S SIGNATURE/POSITION/PHONE						
							9. TRAINER'S SIGNATURE/POSITION/PHONE						

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White - Original
Pink - File
Yellow - Battery Commander
Gold - Primary Trainer