SPEED MEASUREMENT DEVICE
INSTRUCTOR FIELD EVALUATION

Instructor Applicant’s Printed Name: ___________________________________________

Current Agency: _______________________________________________________________

Date of Birth: ____________________________ Social Security Number: _______________________

Training School: ________________________________ Date: _____________________________

Performance Factors:

Each instructor applicant shall complete all the listed tasks. The instructor applicant is considered to PASS this portion of the course if all tasks listed are completed without any need for improvement.

Task                                                                                      Completed (check) Needs Improvement

Demonstrate instructing students about the correct set-up and testing procedures of a police traffic radar device.     ☐     ☐

Demonstrate the ability to properly use tracking history to determine the speed of a vehicle with a police traffic radar device. ☐     ☐

Demonstrate instructing students about the correct set-up and testing procedures of a police traffic laser device. ☐     ☐

Demonstrate how to target and acquire vehicles using a police traffic laser device. ☐     ☐

The instructor applicant has satisfactorily demonstrated the ability in the field to instruct others in the operation of police traffic radar and laser devices.

Instructor’s Printed Name: __________________________________________________________

Instructor’s Signature: _____________________________________________________________

Training Center Director or Designee’s Printed Name: __________________________________

Training Center Director or Designee’s Signature: _____________________________________

Date: ____________________________

Effective 07/01/1995 Original – Training Center 1 of 1 Commission-Approved Revisions: 11/7/2013 Form Effective Date: 5/2014