



Ohio Peace Officer Training Academy

Advanced Training

Training Remediation Form

Firearms:

Driving:

Subject Control:

Other:

Instructor Name:

Date:

Student Name:

Student Signature:

Time & date student was notified:

Explanation of Student's Deficiency (including specific details and examples):

Remedial Training (Explain specific training provided):

Reviewing Instructor Name:

Date of Review:

Summarize the training issue and whether sufficient progress has been made:

Determination (Based on the above findings, make the following decision:

The above student is to continue with the course.

The above student is to be removed from the instructor course.

Instructor Signatures:

1. _____

2. _____

***Students Agency Notified:**

By: _____