

Forensic Scientist Monthly Training Progress Report

Name of Scientist: _____ Date: _____

Estimated Date of Training Completion: _____

Assignments/Tasks Completed During the Month of _____

The training objectives were presented by the trainer: Yes No

The training objectives were satisfactorily completed by the trainee: Yes No

Describe any less than satisfactory training:

The following training has not been completed per the training outline as of this date:

Review with Scientist: _____ Date: _____

Training Coordinator: _____ Date: _____