



TN-AHIMT HOME UNIT LETTER

To		Date	
Trainee Name			
Trainee Position			
Incident Name		Incident Number	
Incident Type		Acres	
Fuel Type		Complexity	

The enclosed training forms are the records of the training assignment. The recommendations given are those of the Training Specialist that was assigned to the incident, with input from the trainee and the coach/evaluator of the position. It is the responsibility of the home unit to ensure the assignment is properly credited and the Individuals Qualification Record is updated, per agency certification standards.

The recommendation for this trainee is:

- 1. The trainee has successfully performed all tasks in the PTB for the position. The Final Evaluator has completed the Final Evaluator's Verification section and recommended the trainee be considered for agency certification.
- 2. The tasks have been performed in a satisfactory manner. However, opportunities were not available for all tasks (or all uncompleted tasks) to be performed and evaluated on this assignment. Additional assignment is needed to complete the evaluation.
- 3. The trainee did not complete certain tasks in the PTB in a satisfactory manner and additional training, guidance, or experience is recommended.
- 4. The individual is severely deficient in the performance of tasks in the PTB for the position and additional training, guidance, or experience is recommended prior to another training assignment.

Remarks:

If additional training or trainee experience is indicated, efforts should be made by the home unit to provide additional training assignments.

Training Specialist (signature) or Evaluator (signature)

Training Specialist		Agency		Unit ID	
Phone		Email			



Home Unit Leader Form

Purpose. The Tennessee AHIMT Home Unit Leader Form gives program leadership and home unit supervisors the opportunity to see participant progress and performance evaluation on incident, planned event, and exercise assignment. **THIS FORM IS TO BE USED ONLY FOR DETERMINING AN INDIVIDUAL'S PROGRESS ON AN INCIDENT/EVENT/EXERCISE OF TYPE 3 OR ABOVE COMPLEXITY.**

Preparation. The Tennessee AHIMT Home Unit Leader Form is normally prepared by the supervisor for each subordinate. Each gray section should be complete prior to facilitating the recommendation, remarks, and TNSP information. The TNSP or Evaluator will be responsible for each green section.

Distribution. The Tennessee AHIMT Home Unit Leader form must be distributed to the appropriate TNSP, Regional Coordinating Committee, the individual's Home Unit, and the individual.

Notes:

INSTRUCTIONS

To	Enter Home Unit Supervisor Information
Date	Enter the date(s) assigned to this incident
Trainee Name	Enter the Trainee Name
Trainee Position	Enter the Trainee Position held on this incident, event, or exercise
Incident Name	Enter the Incident Name (must align with the IAP)
Incident Number	Enter the Incident Number. If this is an exercise or planned event, please note if this information is not available.
Incident Type	Enter a general definition of the incident in this block, i.e., US&R, Hurricane, HAZMAT, Technical Rescue, Tornado, etc.
Acres	Enter this information if applicable. If not, mark N/A
Fuel Type	Enter this information if applicable. If not, mark N/A
Incident Complexity	Indicate the level of complexity for the incident, event, or exercise (1, 2, 3, 4, 5)
Recommendation	<ol style="list-style-type: none"> 1. If the trainee has satisfactorily completed the Final Evaluation as defined in TIMQS, note this section. 2. If the trainee has performed satisfactorily in their position, but this effort did not offer an opportunity to complete a Final Evaluation, note this section. 3. If performance was not satisfactory, note this section. 4. If performance was severely deficient, not this section.
Remarks	Evaluator or TNSP must note appropriate remarks based on performance
TNSP Information	Evaluator or TNSP will enter contact information