

Trainee Name: _____

Training Coordinator: _____

CUTTING KNOWN REFERENCE SAMPLES FOR EXTRACTION TRAINING DOCUMENTATION FORM

Each section in the chart below must be initialed and dated by the training coordinator. If any task is not completed, this must be explained in the training file and approved by the Program Manager.

TASK	BEGIN DATE	PRACTICAL EXERCISES	COMPLETE DATE	COMMENTS
Required Readings/SOPs				
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Observation of Examiner(s) Cutting Known Reference Samples				May be combined with observation and practice notes below
VIRGINIA DEPARTMENT OF FORENSIC SCIENCE				
Observation and Practice Notes:		≥ 5		
1 Buccal swabs				
2 Bloodstain card				
3				
4				
5				
Extra?				
Extra?				
Extra?				
Oral Competency to Perform on Casework Under Supervision:				
Performance and Note Taking (Competency):				
		≥ 5		
1 Buccal swabs				
2 Bloodstain card				
3				
4				
5				
Extra?				
Extra?				
Extra?				

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TASK	BEGIN DATE	PRACTICAL EXERCISES	COMPLETE DATE	COMMENTS
Training Q&A Sessions: (Minimum of one)	Number will vary based upon need of trainee as assessed by the training coordinator. Not all rows need be used. Document name of person(s) conducting Q&A in the comments field.			
Q&A 1				
Q&A 2				
Q&A 3				
Q&A 4				
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Training Notebook/Notes Review(s): (Minimum of one)	Number of times will vary based upon need of trainee as assessed by the training coordinator. Not all rows need be used.			
Review 1				
Review 2				
Review 3				
Review 4				
VIRGINIA DEPARTMENT OF FORENSIC SCIENCE				
Final Steps for Qualification:				
Final Notebook/Notes Review				
Final Oral Question and Answer				