

Bexar County Constable Office PCT#4

Training Provider ID# 029104 - Training TEST Evaluation MATRIX



Course/Lesson Name: _____ TCOLE # _____ Page ___ of ___

Test Question Number:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	Test Score
Correct Answer																										
1. Last Name, First Name MI & PID#																										
2. Last Name, First Name MI & PID#																										
3. Last Name, First Name MI & PID#																										
4. Last Name, First Name MI & PID#																										
5. Last Name, First Name MI & PID#																										
6. Last Name, First Name MI & PID#																										
7. Last Name, First Name MI & PID#																										
8. Last Name, First Name MI & PID#																										
9. Last Name, First Name MI & PID#																										
10. Last Name, First Name MI & PID#																										
11. Last Name, First Name MI & PID#																										
12. Last Name, First Name MI & PID#																										
13. Last Name, First Name MI & PID#																										
14. Last Name, First Name MI & PID#																										
15. Last Name, First Name MI & PID#																										
16. Last Name, First Name MI & PID#																										

TRAINING DATA ANALYSIS

Name of COURSE(Lesson): _____ TCOLE# _____

Test Question Number:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	
Number of Participants missed this question																										

Total Number of Course/Lesson Participants: _____

Deputy-Officer that failed to meet course requirements (As Applicable)

Full Name (Last, First MI) _____ PID#: _____

Comment:

Full Name (Last, First MI) _____ PID#: _____

Comment:

Full Name (Last, First MI) _____ PID#: _____

Comment:

TRAINING COORDINATOR Comments: