DAVE YOST
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Student Evaluation Record
Curriculum Code PSA-039b

School Name _____ **School Number** _____ **Dates:** **Start:** _____ **to:** _____

Student Name (Last, First, Middle)	Firearms *(S/U/NA)	First Aid/CPR/AED *(S/U)	Subject Control Techniques *(S/U)	Incident Command System *(S/U)	National Incident Management System *(S/U)	Notebook *(S/U)	Total % of hours missed	**For OPOTC use only** Exam **Initial**	% **Retest**

*Satisfactory/Unsatisfactory/Not Applicable

_____ _____ _____
Commander Signature Date Commander Name (Typed)