



STUDENT NAME: _____
LAST NAME FIRST NAME M.I.

SCHOOL NAME: _____ SCHOOL NUMBER: _____

		Enter P or F Only	
SPO	ACTION	TEST #1	TEST #2
#1	Transitioning to impact weapon		
#2	Transitioning from impact weapon to another force option		
#3	Strikes with an impact weapon		
#4	Using an impact weapon in a clinch/body lock situation		
#5	Impact weapon retention		
#6	Ground defense with an impact weapon		
#7	Arrest and control techniques with an impact weapon		
#8	Demonstrate ethical decision making and critical thinking in a practical application scenario		

COMMANDER/ADMINISTRATOR SIGNATURE	DATE
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NO STAMPS / ORIGINAL SIGNATURES ONLY