



DAVE YOST
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Student Evaluation Record

Curriculum Code CBT-036a

School Name _____ School Number _____ Dates: _____ to _____

Student Name (Last, First, Middle)	Subject Control	First Aid/CPR/AED	Body Searches	Transport of Inmates	Notebook	Dropout (X)	For OPOTC Use Only	
							Exam %	
							Initial	Retest

Indicate Satisfactory/Unsatisfactory/NA

School Commander Signature

Date