



## Student Evaluation Record

School Name \_\_\_\_\_ School Number \_\_\_\_\_ Dates: Start: \_\_\_\_\_ To: \_\_\_\_\_

Student's Name (Last, First, Middle)	Date of Birth	Firearms (X if failed)	Withdrawn (X)	Ext. Medical/Military	Ext. Comp (Y/N)	Mandatory Attendance Completed (Y/N)	Certificate Eligible (Y/N)

\_\_\_\_\_  
Commander's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Commander's Name