



**Student Evaluation Record**  
**Curriculum Code CBT036d**

School Name \_\_\_\_\_ School Number \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Student Name (Last, First, Middle)	Subject Control	First Aid/CPR/AED	Body Searches	Transport of Inmates	Notebook	Withdrawn (X)	For OPOTC Use Only	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

Indicate Satisfactory/Unsatisfactory/NA

\_\_\_\_\_  
School Commander Signature

\_\_\_\_\_  
Date