OHIO PEACE OFFICER TRAINING COMMISSION
5-DAY AND 12-HOUR FACILITY JAILER BASIC
STUDENT EVALUATION RECORD

SCHOOL NAME_____ **SCHOOL #**_____ **DATES: FROM:** _____ **TO** _____

STUDENT NAME (Last, First, M.I.)	UNARMED SELF-DEFENSE (Use of Force)	FIRST AID	CPR	BODY SEARCH	NOTEBOOK	TOTAL % OF NON-MANDATORY HOURS OF OPOTC HOURS MISSED	**FOR OPOTC USE ONLY** **EXAM %**

Indicate **S**atisfactory/**U**nsatisfactory/**W**aived/**NA**

_____ _____
SCHOOL COMMANDER SIGNATURE DATE

NO STAMPS/ORIGINAL SIGNATURE ONLY
SF160jbt
Effective 09/01/2003; Revised 03/07/2011