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OHIO PEACE OFFICER TRAINING COMMISSION
STUDENT EVALUATION RECORD

SCHOOL NAME_____ **COURSE #**_____ **DATES:** **From:** _____ **To:** _____.

STUDENT NAME (Last, First, M.I.)	FIREARMS *(S/U/NA)	FIRST AID/CPR *(S/U)	UNARMED SELF-DEFENSE *(S/U)	NOTEBOOK *(S/U)	TOTAL% OF HOURS MISSED	**FOR OPOTC USE ONLY** EXAM %

*Satisfactory/Unsatisfactory/Not Applicable)

_____ _____ _____

Commander Signature Date Commander Name (Typed or Stamped)

NO STAMPS/ORIGINAL SIGNATURE ONLY