OHIO PEACE OFFICER TRAINING COMMISSION
BAILIFF/COURT OFFICER STUDENT EVALUATION RECORD

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

STUDENT NAME (Last, First, M.I.)	HANDGUN *(S/U)	FIRST AID *(S/U)	CPR *(S/U)	DEFENSIVE TACTICS TECHNIQUES *(S/U)	EXPANDABLE BATON *(S/U)	CHEMICAL AGENTS *(S/U)	DYNAMIC SIMULATION *(S/U)	NOTEBOOK *(S/U)	EXAM %	TOTAL % OF OPOTC NON-MANDATORY HOURS MISSED	RECOMMEND FOR CERT (Y or N)

_____
SCHOOL COMMANDER/ADMINISTRATOR SIGNATURE DATE _____

NO STAMPS/ORIGINAL SIGNATURE ONLY

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

SF155bbt
Effective 06/01/2001; Revised 03/07/2011